DHMH - 16 60M 7/84 (VRA 15, 4)

Circle Dr. Gayle Abramson/daughter/3823 Hamilton St., Hyattsville, Midapproximate interval Y VENTRICULAR ARRY THMIA THEROSCLE ROSIS HEART DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE b., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN LAUREL MA Ft. Myer, Arlington National 5-20-86 Buria1 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE John T. Rhines Co., 3015 12th St., N.E., D.C. 20017

STATE OF MARYLAND

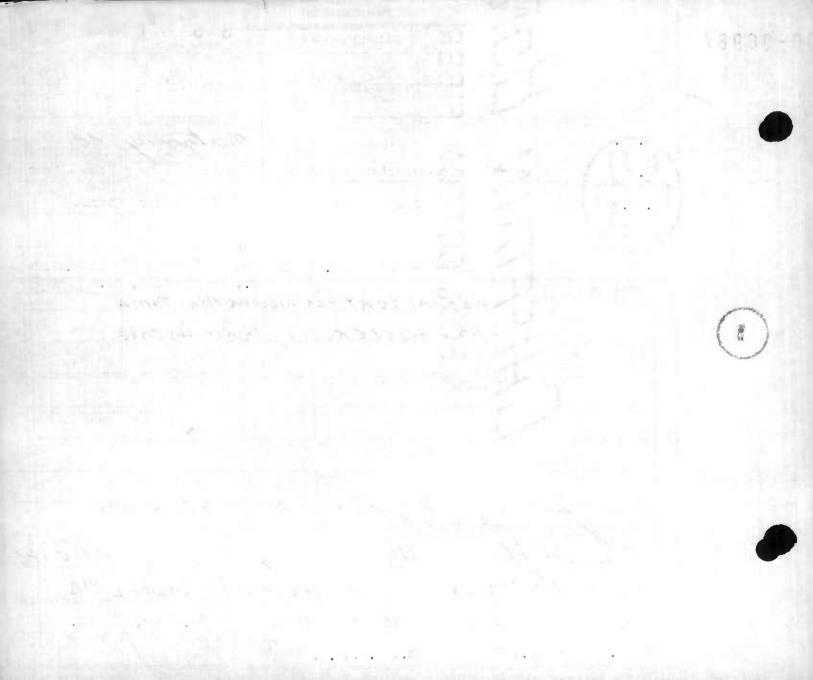
2b HOUR

12b. KIND OF BUSINESS OR

School Teacher

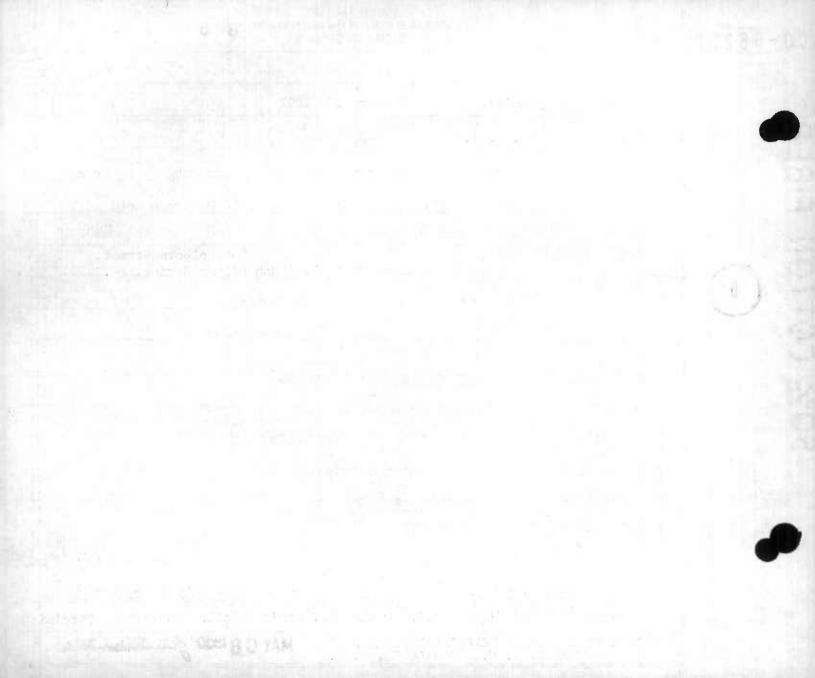
IF UNDER 24 HRS

IF UNDER 1 YEAR

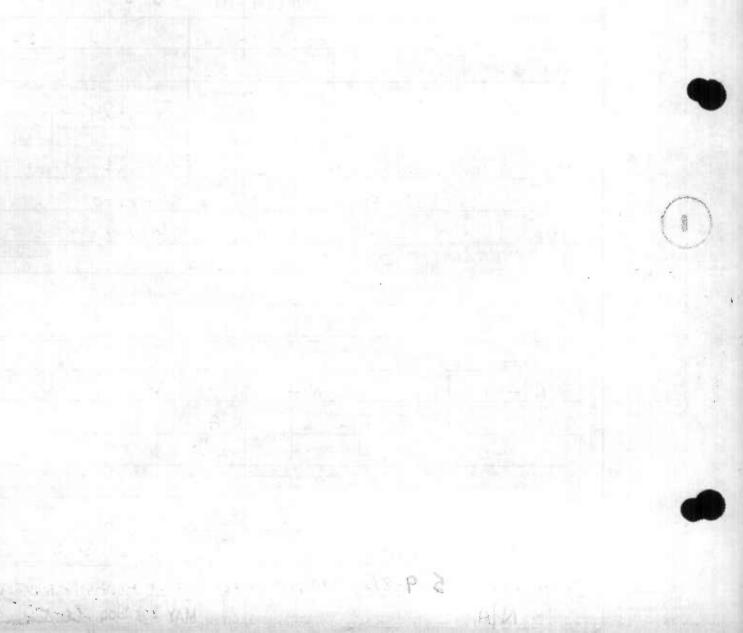


	0	-	Sec.
	de oge 4 may be	uneral director, page 3	nn 72 haurs after death
MARYLAND 21201	ed within 24 hours after d	impletely filled in by the fu	and 2 should be filed with
TON ST., BALTIMORE,	oth certificate by execute	and to physician and co	co company p ges l'
ECORDS, 201 W. PREST	ow requires that the dea	been signed by the offer	mit. Then please remove
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after delage 4 may be not or ottending physician.	OR: After this certificate has	or use as the burial-transit permit. Then please remove collement in 1995 I and 2 should be filed within 72 hours after death

	1				STAT	E OF MARYLAND			
00000	11.	FOR STATE		DEPARTA		EALTH AND MENTAL HY	GIENE 8 6	- 1 4	1/40
06282		REGISTRAR				ICATE OF DEATH	REG. N	0.	79
m.e		CEASED NAME FIRST		MIDDLE	Λ.	AST		MONTH DAY	YEAR 26 HOUR 50
page :		HILDY	+		AK	MAN		25 04	86 5 A.M
frer of	3. SE		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIR	THDAY) IF UND	DAYS HOURS MIN.
0 52		Female	White		Janu	ary 18, 1892	94	YRS.	
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0		Poland	U.S.	A.	WIDOW		INON	TGOME	RY MD.
3	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 -USUAL OCCUPATI		KIND OF BUSINESS OR
noti		Rockville			_	ter Washingto			Grocer
9	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	70857
£			tgomery	Rockvill		YES XX NO	6121 Mont		d
au l	14 F/	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		2 1497
(X)		Abraham	Abba	Garbou	S	Dina	Middle		Bregman
Jicol		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	905 но16	orn Stre	et.
1		No	SITE WAR OR DAILS!	214-28-9	129-B	Frank P. Akn			
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1			SED BY: ATE CAUSE (0)	ASPIR	2ATI	ON PNEL	(MONITIS		1 MONTH
000				OR AS A CONSEQUE	NCE OF				
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er fr		gove rise to immediate couse (a), stating the	DUE TO C	OR AS A CONSEQUE	NCE OF				
roth		underlying couse lost	(c)_						
7.0	_	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART 110
2 2 -	CERTIFICATION				•	_			
s and	SA	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
show	E			and the			YES NOTE	YES [NO 🗆
or them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 O	R PART 2)
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o o	E E	214 INJURY OCCURRED		OF INJURY	ARM, ETC 1	21f. LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
rke	-	AT WORK NOT WHILE			-1	-1 0			
E SI		220 I certify that (I) (this has		he deceased from	,5/	19 8	5,10 5/	19_2	that (I) (we) lost
21		saw the deceased olive obove, (1) (we) (did	nat) view the body	after death.	6-1.01	d that in (my) (our) opinion	death occurred on the do	ote and hour and t	from the couses stated
ten		226 SIGNATURE	C ind	The Part		DEGREE		1	2c. DATE SIGNED
- Z = Z		XIV) TILL		14	10 - ATTENDING PHYSICIAN [MEDICAL STAF	IAN	5/4/86
with the State		22d. PHYSICIAN'S NAME (TYP	1) ,	- /		22e ADDRESS	1-0 00	0	
IMPORTANT		1) - 1). PAT	EL		16121 MOI	UTROSE RI	KOCKU	ILLEMD.
<u> </u>	23a E	SURIAL, CREMATION, REMOVA	23b. DATE 5/5/1	006 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	11	NIV ANTATE
		burlat	2/3/1	900 K1	ng ba	vid Mem. Gard	len Fairs C	nurch,	Virginia
W 7/84	DQ.	MALD M. STEIN	HEBREW M	EMORIAL F	UNERA	L HOME 25	Y O & 1900	Tula David	SIGNATURE
15, 4)	23	2 CARROLL STRE	ET, N. W	., WASHIN	GTON,	D. C.			- Articon



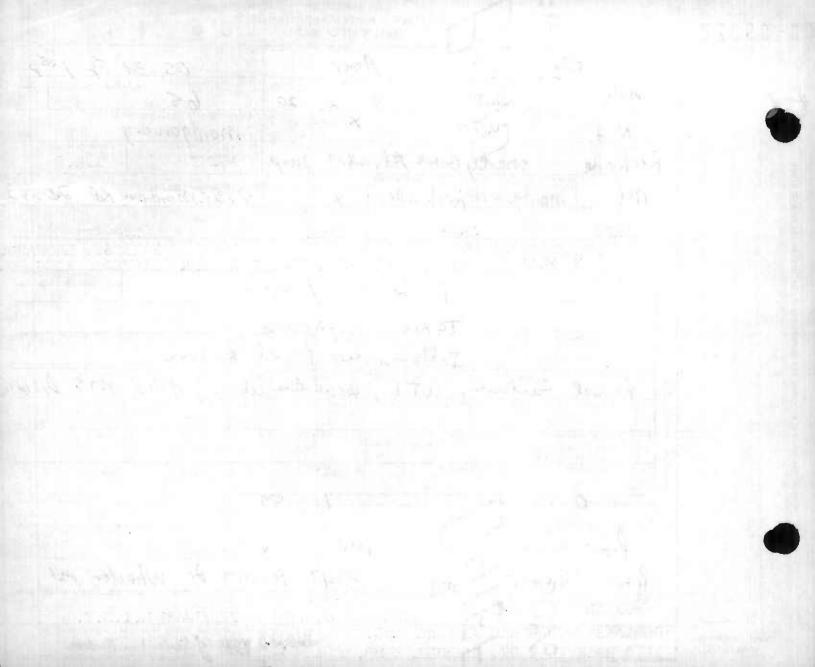
06845		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O 6 1 4 4 4
00043	1 -	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
E 4		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 28. HOUR 5-7-86 1956 M
poge 3	3. SE	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
ors of		male white 5-7-86 0 yrs. MONTHS DAYS HOURS MIN.
2 hours		RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY OF DEATH
within the function of the fun	10 CI	12 U.S. WIDOWED DIVORCED TONT GOME OF MEDITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. KIND OF BUSINESS OR
iled with	G	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
3 3	USU/ 13a. S	AL RESIDENCE IN NURSING HER EOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MATE 138. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS
	N	aryland Montagment Kockville ves & NOO 17701 Whiteclift lerrac
15/5/	14. FA	C. FIRST MIDDLE LAST CHARGE MIDDLE LAST CANDOLE LAST CAND
20		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
go al	- (VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NIA Anja Klapka-see 13 a-e
physical poperional novol ent, itte		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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ttendi ve co ion, o iumot		Conditions, if any, which (b)
remot remot ther tro		gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF POTTER S YNDRONKE
please urial, cr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra-
r. Then or to b	N O	NA
e prii	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Hygien 18 show	ERT	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART 2)
certificat priol-transental Hyg Hem 18 s		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH AY YEAR OF THE PAY YEAR OF THE PAY AND
this co	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION STREET TO CITY OR TOWN COUNTY STATE
os th oth or norke	1	WHILE AT WORK NOT WHILE ON A THOME, SINCE I ALL ONE, OFFICE PARM ETC. NOT WHILE AT WORK 10 (1) (this haspital) attended the deceased from 5/7/86 19.86 to 1/7/86 19.86 that (1) (we) last
or use		saw the deceased alive an 5/7/66 19, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated
ined frequency in the sept. of		abave, (I) (we) (did) (did not) view the body after death. 226. SIGNATURE 226. DATE SIGNED
detoc detoc tote D		M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
should be deta with the State		SITHANANJAM SADHASINAM 14.D. MEDICAL CENTER DR ROCKUKLE MD
Show Show	23a	BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
-24		remation 5-9-86 Shady Grove Adventist Rockville, Montgomery,
16 50M 4/82	24 F	UNERAL DIRECTOR NAME ADDRESS
A 15, 4)		MAY 3 1000 Pulse Burden Blandson



			STATE OF MARYLAND		
0-07385	1.	STATE	NT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENE 8 6.	14/4.2
,		EASED NAME FIRST	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 31 1/	TYPE	Helen ONeill Allen		5-17-86	DAY YEAR 26 HOUR
Section 19	1.58	Female White	Date of Birth	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
11/09	7n. 8	000/N/V 1/C n	MARRIED NEVER MARRIED VIDOWED DIVORCED	9. BALTIMORE CITY OR COL	Mery Countymo.
10 1/2 / NO	13	VOR TOWN OF DEATH NAME OF HOSPITAL, NURSING I		12a USUAL OCCUPATION (APPOP WORK FOR MOST OF WORK HOMEMAK	ING LIFE INDUSTRY
TO TO	USU Se.	MESIDENCE III JONG HO OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD 130 CT OR TOWN	MISSION) 13d INSIDE CITY LIMITS? YES NO M	VINSON HALL	37d Dominion Dr.
MARTIN MARTIN	15	AMES GOODS O'NELL	15 MOTHER'S MAIDEN NAM		Riley
IMORE,		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURIT	663 MARY LES		AMELROSE AMOLIS MD 21401
ST., BALT		PART I. DEATH WAS CAUSED BY:	vatic lkert.	1) seare	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE	CE OF		
		Conditions, if any, which gave rise to immediate couse io), stating this underlying cause lost.	CE OF		
#DS, 20 equires 1 a signed Then pile the burst injury, or	NOI	PART 2 OTHER SIGNICIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 110
AL RECO	CENTIFICATION	DATE OF OPERATION 196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY? 206. IN C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
COF VIT	120	THE ACCOUNT WAS UNCERTIFIED TO 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
VISION	MEDICAL	I'M INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM AT WORK	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN Italian Italian		22a. certify that 11 this hospital) attended the deceased from sow the accessed vive on	ond that in (my lour) opinion d	eoth occurred on the date and	that (1) (we) lost
THE Store		obove. (I) we (ight) did not view the body blist death	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
D HOSPIT Dinned by O FUNERA model be do the State		RAYMOND BASI	22e ADDRESS	Ferrus 1	2 Westin 20846
69499	"1	WHAL CREMATION, READVAL THE DATE 5-20-1956 336 MAX	OF COMPTERY OF CREMATORY	PHINADOLIS	ANA Mys.
DHMH - 16 60M 7/84 (VRA 15, 4)	1/2	NERAL DIRECTOR PUNEVAL CHAPPEL APPLIANT	polis, MAI. 250 DATE	Y 22 1986	GISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME ANIDD1F 20 DATE OF DEATH MONTH YEAR 26 HOUR [TYPE OR PRINT] 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3. SEX YEAR mare 20 7 BIRTHPLACE Th. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED ITY OR TOWN OF NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE IN MURSING HOME OR OTHER INSTITUTION, OVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY lverSpringyes Leonards Court FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS1 LAST MIDDLE FIRST MIDDLE HARRY AMER ROSEWOLKOWIT7 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES) YES WW11 AMER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (97) (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate couse (o), stoting couse OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ONDITION GIVEN IN PART Ite CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPST 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTA YES [NO [210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OF TOWN STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AI WORK 22. I certify that (i) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death Dept 22h. SION ATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 1 MY 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION WELLWOOD CEM 24 DANZANSKY-GOLDBERG MEM CHP DHMH - 16 50M 4/83 (VRA 15, 4) ROCKVILLE PK ROCKVILLE MD



					SIAI	OF MARTLAND				
0-08612	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 6	1	4/	44
60 e e e e e e e e e e e e e e e e e e e	I. DE	CEASED NAME FIRST OR PRINT! MYRHE	Ř	OBIN	l	APRIL		MONTH 5- 8	26-1986	26 HOUR A 10.25 M
Softer o	3. SE	FEMALE	4 RACE WHITE		S. DATE O	BER °30, 1903	82 YS	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
1 1675		PENNSYLVANIA	USA		WIDOWE		Man + 3 GA	ien	COUNT	MD.
100 and the second	٤	Iver Sprine	(IGNOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	rother institution, La	SECRETARY	ON F WORKING LII	12b. KIND O	OF BUSINESS OR GOVERNMEN
AND 21:	13a. S		TGOMERY	SILYPEROW	SPRINC	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS			
MARYLL ST.	14. F/	SAMUEL	WIDDIE	ROBIN		15. MOTHER'S MAIDEN NA ANNA FIRST	WE		CAPLA	AN
I MORE		VAS DECEASED EVER IN U.S. AF	MED FORCES? VE WAR OR DATES)	579-48-8	8063	MARTIN R. A	APRIL, 63904 MECHA	OHITE NICSV	DRIVE VILLE V	ITRGINIA
T. BAN		18 CAUSE OF DEATH (Enter OF PART I. DEATH WAS CAUSE IMMEDIA		Carrel		mi shoc	le		APPROXI BETWEEN C	ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON STANDS TO PHYSICIAN. The low requires that the death certain of the sentification has been signed by the enterting sost the buriol-tronsit permit. Then please range carbon the and Mental Hygiene prior to buriol, cremation, orked on femal 8 slows any injury, or other transmitted.	NO.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO E	ENCE OF	lve drys	function INAL DISEASE OR CON	DITION GIV	VEN IN PART 1 IC	o
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTORSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	
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NC PHY offenthis sthe bus hond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	DE INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	NN	COUNTY	STATE
ATTENDIN ospital or ECTOR. Al d for use of the olt m 21 is ma		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	5 -	25-19	-	d that in (my) (our) opinian	deoth occurred on the do	te ond hou	ur and from the o	
by the hold the bother the hold the hold the hold the pedetoche detoche with the hold the hol		226 SIGNATURE 226 PHYSICIAN'S NAME TYPE	O. KOV	man	lead	ATTENDING PHYSICIAN VI	MEDICAL STAF	F IAN 🗌	220 DATE:	27/86
TO HOSPITATE TO FUNERAL Should be determined by the State with the State MAPORTANT: It		TONY P. K	ANNA		T. M.	8201	16 th st	5.5	s. MD	20910
BP		BURIAL BURIAL	5/28/1		IG DAL	EMETERY OR CREMATORY ID MEMORIAL (
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	DUNALDIM. STEIN 232 CARROLL ST					2 1986 Jul	256. REGIST	RAR'S SIGNATI	URE

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	or all pulled				

7.

					OR			DEPARTMEN		MARYLAN		VCIENIE					
nn	[0603	in	1- 5	TATE EGISTRAR		MI	EDICAL EXA				F DEATH	16 per	5. NO.	4 /	4	5
0 0			3		EASED NAME	FIRST		WIDDLE	53 X III	LAST		20.	DATE KNOW		ITH DAY	YEAR	2b. HOUR
		ASE DR. ES.	10	(1176	E	STHER	HA	LBERG	ARMS	3		0	OF ESTI-	PE	51	1986	200 A A
		PLEASE ECTOR R FILES HOURS	1	3. SEX	4. RAC	E 5	DATE OF BIRTH			UNDER 1 YR.	IF UNDER 2		DATE	MÖNI	H DAY	YEAR	2d HOUR
		ARY, OUR	/			CASIAN	01 28		8 YRS.		III III III III III III III III III II		DEAD	0	1	1,86	138
4		ESS JUNERA OR JUNERA	58	FOR	THPLACE (STATE OR EIGH COUNTRY)			VHAT COUNTRY?	MAI	RRIED NE	VER MARRIE	D - 9. B	ALTIMORE CI	TY OR COL	INTY OF	DEATH	
		IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S-FOR YOUR FILES. ED WITHIN 72 HOURS IN WARSTON STREET	(4)	MAS	SACHUSET I		USA	SPITAL, NURSING		OWED X	DIVORCE		OCCUPATION	ONS			
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	-	HE SON	1	USUA	SINGTON RESIDENCE (IF IN N		OTHER INSTITUTION,		E ADMISSION)				L SALES	5	LSI	MON	
	MD. 2120	43 E	25	13a. ST	YLAND	MONTGO		13c. CITY OR T		13d. INSIDE CI	NO 🔽	13e. STREET	AS 11			208	395
	. O	1	Y	III. FA	THER'S NAME FIRST		MIDDLE		MILVIN	15. MOTHE	R'S MAIDEN						_
		A VALUE	20	AN	DREW		WIDDLE	HALBER	G	BED	IRST A	C.P.	MIDDLE			NGTSO	N
	IMO	SS O SE	1	16a. W (YE:	AS DECEASED EVER	IN U.S. ARME		166. SOCIAL S		17. INFORA	MANT ST	ISTER		STNGTO	IN, M		0895
	BALTIMORE.	S AFTE GIVE P ITH FO PAGES IVISION	/		NO			019-09		EDITH	M. HA	ALLET	10546 (NHEATI	y ST	REET	
	15	50310			18 CAUSE OF DEA PART I DEATH V	TH (Enter only of AS CAUSED B	one cause per lin IY:	-		6	3	. 67		Mag.	BET	PPROXIMATE WEEN ONSET	AND DEATH
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	RES	CIL IN NER A VANSIT	SEMO		Conditions, if		00210,0		onar	- ~	ar	rori	o sc	lon	SIE		
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	, 201	EXA EXA	N N		lying couse lost		(c)										
	RECORDS	DOUD BE EXECUTED WITHIN 24 HO D. "PENDING" IN PENCIL IN ITEM I IEF MEDICAL EXAMINER ALONG ISED AS A BURIAL TRANSIT PERM F HEATTH AND MENTAL HYGIEM	WAT	7	PART 2 OTHER SIGNIFICAL	IT CONDITIONS CON	STRIBUTING TO DEAT	H RUT NOT RELATED TO	THE TERMINAL OISE	ASE OR CONDITION	N GIVEN IN PART	1 (0)					
	RECO	MEDIII MEDII	38	CERTIFICATION	19a DATE OF OPER	ATION	IN COND	ITION FOR WHIC	U OBERATION	MAS DERSON	11500						
	VITAL	HOUL HER USED	RIAL	FIC	THE DATE OF CITER	411014	198 COND	IIIOIA FOR WHIC	H OPERATION	WAS PERFOR	MED?					AUTOPSY?	V
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	NO	R: THIS CERTIFICATE SHATE, WRITING THE WORLD SHWARDED TO THE CHE CHATE PAGE 3 SHOULD BE URESTATE DEPARTMENT OF	CR		UNDERLYING CONTRIBUTING			M. MONTH DAY M.	YEAR								
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	۵	WRI WRI ARE AGE	1201	2	WHILE NOT	ORK	JIRCEI, IX	CTORT, FARM, ETC.)		JINEET		CII	YORTOWN		COUNTY		STATE
		L EXAMINER: T E CERTIFICATE, DUID BE FORW L DIRECTOR: P	9				of the remains de	escribed obove, he	ld an Aut	opsy .	Inspection	U. In	quiry .	ond in my	opinion		
		RTIFIC B BE F RECTO	Ϋ́	2	death resulted from	n: Noturol	couses .	Accident,	Suicide [, Homic	ide .	Undetermin	ned monner],			
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		5245A	BA	230. BU	RIAL, CREMATION, F	EMOVAL 236	DATE	23c. NAME	OF CEMETERY		RY	23d. LOCAT	ION		OUNTY		15
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		SE S	3. SE)	4.	RACE	5. DATE OF BI	RTH	YEAR	AGE (IN	YEARS IF UN	DER 1 YR.	IF UNDER		20 DATE	ED	MONTH	DAY	YEAR	2d HOUR
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		ON STATE OF THE ST		ustrail	ia	Austr	ail	lia		WIDOW		DIVORC		Montgo	omery	y Cou	nty		MD.
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		A. IF ANY DELAY IS NECESSARY, PIEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5 FOR YOUR FILES. 2.5.HOULD BE FILED, WITHIN Z2 HOURS ALL RECORDS 7.20 W. PRESION STREET,	Ta	koma Par	k	7620 M	_			,				and by on woman	O (II C)				
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	BALTIMORE, MD. 21201	IRS AFTER DEL GIVE PAGE WITH FORM I PAGES I AN DIVISION OF		No	(123, 0112			-	-		Sin	non S	imo	nian 1					
	10	Z + 3 - 0		18 CAUSE OF D	EATH (Enter onl	y one cause pe	r line far	(o), (b),	and (c).)								I A	PROXIMAT	E INTERVAL T AND DEATH
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1	P19	NO SEPTION OF THE PROPERTY OF		1015		DUE TO	, OR AS	A CON	SEQUENCE	OF							3	20	2,190
(8	REV AREN			if ony, which	(b)_													
1	*	SEN S	18		ating the under-		, OR AS	A CON	SEOUENCE	OF				4-1					
	20	PANA NO		lying cause	1051.	(c)_													1111
	SOS	AASESES		PART 2 OTNER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TE	RMINAL OISEASI	OR CONDITIO	N GIVEN IN PA	RT 1 (a).						
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	DIVISION OF VITAL RECORDS	NEN BENE		210. EXTERNAL (FF	21b. TIM HOUR			DAY YE	AR 21c HC	OW INJURY	OCCURRE	D LENTER	NATURE OF INJUR	Y IN ITEM 1	8 PART 1 OR P.	ART 2)		
	O	5 5 5 5 8 8 V	13	CONTRIBUTING	CAUSE OF D	DEATH	P.M.		19										
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	۵	WRI WARE VAGE	1	WHILE AT WORK	AT WORK						2.0				4				
		R: T			that I took chorg	e of the remain	s describ	oed obov	e, held an	Autop	sy X.	Inspection	, [].	Inquiry]. 。	and in my o	pinion		
		N CHA		death resulted	from: Notur	ol causes X	, Ac	cident		uicide 🔲	, Homic	ide .	Undet	ermined monn		,			
		WIT WIT WAR			Mari	(1	(11	1999		TITLE (S	PECIFY)					_	100	
		AL PALE	1	ACTUAL SIGNATURE	Mullo	neo!	10	US	200	M	Assi	stant	MED	ICAL EXAMIN	VER .	DATE	5	19-8	0
		NEW STATE		EXAMINER'S NA	ME N	Margari	+ - 7	Vo	roll	M D	11	1 Pen	n St	reet					
		TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE EXECUTE THE EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING: IN PENETRAL BY SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BILBINA. TRANSPERING DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.		(TYPE OR PRINT	(WE L	nar yar r	La H	· NC	Terr,	, M.D.	ADDRESS_	.I I CII	11 50	1000					
		PATO PET	23a. B	URIAL, CREMATIC	N, REMOVAL 2	3b DATE		23c. N	AME OF C	EMETERY O	RCREMATO	ORY	23d. LC	OCATION OR TOWN		ÇQU	INTY	SI	TATE
	7/84	BP		Rem	oval	5-28-	86									-			
25	5M	DHMH - 17	24. F	UNERAL DIRECTO	OR .	ADI	DRESS					750. DATE F	REC'D. BY	REGISTRAR	25b REG	SISTRAR'S	SIGNAT	URE	
		(VR A)5 ME (5))		An	atomy	Board		Bal	to.	Md.		OIA C	9.13	ou gui	a we	ARGOLD-	Master		
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THE PERSONS AND

			STATE OF MARYLAND		
0-08071	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	4147
me V	1. DECEASED NAME FIRST	MIDDLE	LAST	to bring or bertill	DAY YEAR 2b. HOUR
noy be	Belmo	i D	Hrsenault	5/23/86	0626AM
The po	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER EYEAR IF UNDER 24 HRS
ors o	/Femæle	Cauçasian.	Aug. 30, 1915	70 YRS.	DAIS HOURS
P. Po	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	AAADDIED NEVED AAADDIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
de ot	Massachusetts	United State	S WIDOWED DIVORCED	Montgomery Co	unty MD.
offer of with	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
	Rockville	Shady brove.	Adventist Hospital	(Type of work for most of working lif Homemaker	Own Home
ND 21:	USUAL RESIDENCE IN NURSING HOME 13a. STATE 13b. CO	or other institution, give residence in UNTY 13. CITY OR ntgomery Gaith	TOWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	20878
LAN Sin 2	Maryland Mon	itgomeryGaith	16 r s d un gyes (No)	740 Quince Or	chard Blvd.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the secured within 24 hours oftending physician. After this certificate has been signed by the after the plants certificate has been signed by the after the certificate has been signed by the and Mental Hygiene prior to buriol, crement certificate the buriol-transit permit. Then please reflect the plants of the buriol-transit permit. Then please the plants of the purior to buriol, crement certificate and after the plants of the plants	Edward	Begnoc Begnoc	he	not availa	b1e LAST
O Per Co	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	CIVE WAR OR DATES		ADDRESS	
WIL & St. V	NO	019-0	7-3849 Alfred J.	Arsenault, san	
BAI	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for ioi, (b	, and (c).)	20	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E 7 10		ATE CAUSE (o)	dis Respirator	Arrest	10 mm
NO DE DE		DUE TO, OR AS A CONSI			100000
SE OF SECTION	Conditions, if any, which gove rise to immediate	(b) F-M	hysema,		10 years
W. P	couse (a), stating the underlying couse lost.	DUE TO, OR AS A COAK	QUENCE OF OM		11) hen
20 res the	PART 2_OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 116
RDS r signification	¿ Cumi	Brown	7.5		
Do ny prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
AL R	TIFE			YES NO YE	
VIT. N. J. N	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART T OR PART 2)
SICIA SICIA Popularionistical	I IF ETTHER, NOT IFY MEDICAL EXAMI	NER) P.M.	19		
PHY:	1 IF EITHER, NOT IFFY MEDICAL EXAMPLE 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISI ING Pi r offer th os the os the ith and onked	AT WORK NOT WHILE AT WORK				
Hesse B		spital) attended the deceased fr	01		19 S. de , that (I) (yes lost
ATTE OSPITE OSPITE OSPITE OF T. Of T	obove, (I) (we) (did) (did	not) view the body after death.		death accurred on the date and hou	
OR DER	270. SIGNATURE	AO T	DEGREE ATTENDING	MEDICAL STAFF	274 DATE SIGNED
RAL Stote	224 PHYSICIAN'S NAME (117	or our	PHYSICIAN	DIRECTOR PHYSICIAN	11/09 23,1586
TO HOSPITA TO FUNERA Should be with the Stoti		Scott, M.D.	22e ADDRESS 1920 Gait	l Montgomery V hersburg, Mary	illagé Avenue land 20879
5 5 5 4 × 8	23a. BURIAL, CREMATION, REMOV	AL 236. DATEMAY 27	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	10.01
BP	Burial	1986	St.Cecilia's Cem	. Leominster .Ma	assachusetts
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR Rober	t A. Pumphrey	Funeral Home 5.0. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	300 West Montg	gomery Ave.Ro	ckville, MD PA MA	Y 29 1086	

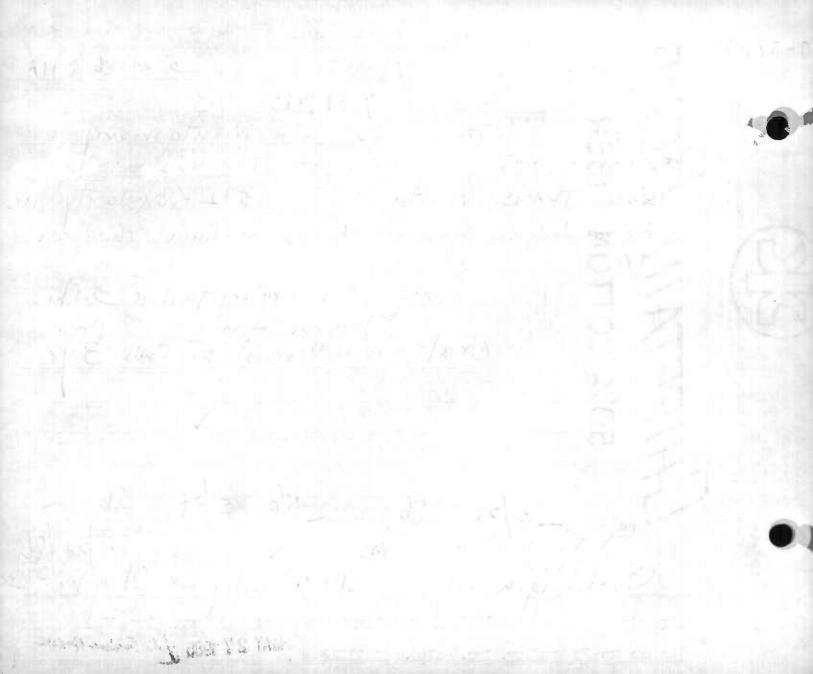
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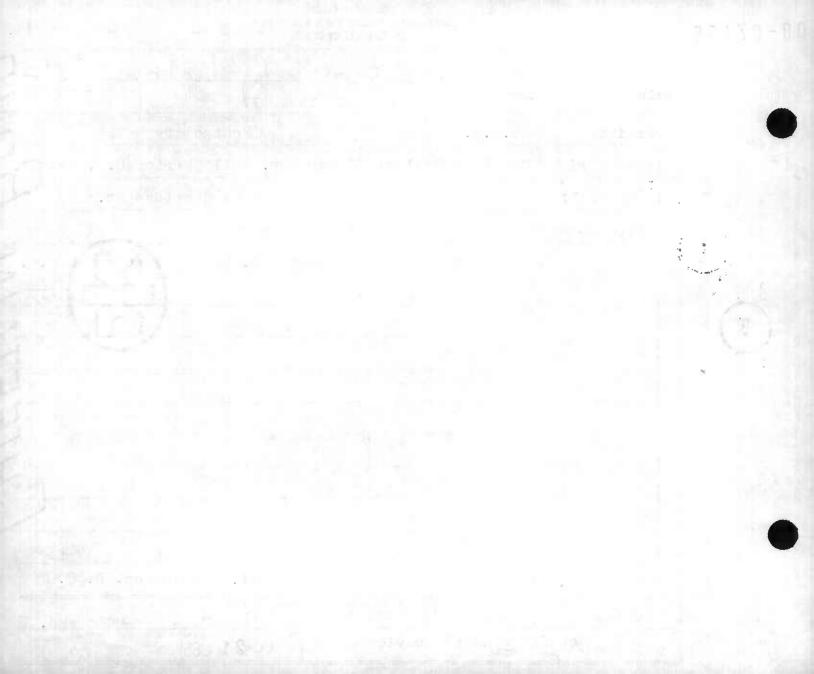
Robert T. Thinaders, M.D. 11125 Rockville Pike , Rockville

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y po	medicol		AS DECEASED EVER IN	U.S. ARMED F		66 SOCIAL SE	CURITY NO.	17 INFORMANT		20 hv				ng, Md.
Poor	Ĕ /		NO	W TES, OIVE WAR		577-56-	6723	Anthony	A. AL	vriti :	2511	Kimber	lly St	. 20902
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the bear of the party of the pa	9	CERTIFICATION	19a DATE OF OPERATIO	N I	96 CONDITI	ON FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPS	VO∏	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
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SCIA Port	my'	AL	OR CONTRIBUTING CAU	SE OF BEATH	HOUR A.M.		DAY YEAR							
O Person on the condition	10	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	2	le PLACE OF			211. LOCATION STREET			ITY OR TOV	٧N	COUNTY	STATE
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TOR OF US	51 12		saw the deceased	o luis-on	4/13	10		nd that in (my) (our) o	opinion ded	th occurred o		2		
OR AT bire hosp DIREC	63	Н	obove, (I) (we) (did)	(did nd) view	the body of	ter death.		DEGREE					22c DATE	
the the track	E		11	1) (120	1.		ATTENE	DING _	MEDICAL _	STAF	F _	-	iki
FITA PER SPORT	7		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)	suce	m	0	PHYSIC 22e ADDRESS	CIAN WE	IRECTOR [PHYSICI	AN	1 3/2	7/34
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(VRA 15, 4)		50	universit	j beva.	. wes	i such	er spice	riy, Mu.	.3111	1 10	1000	1. B	mile a	Bandalle

	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O 6 1 7 5	0
	- STATE REGISTRAR Mary Thompson Austin CERTIFICATE OF DEATH REG. NO.	913.8
1-07659	DECEASED NAME FIRST MIDDLE LAST . 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	70
9	TYPE ORPRINIM ARY THAM DOUBLE HILL S 24. 86 0:41	A
oy be oge 3 death	1/46 (1966)00 1100 110	M
mo)	SEX J. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24	
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direction :	BIR HAPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8	_
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0 0	WIDOWED DIVORCED WOO WIGHT	MD.
with the feet	CCITY OR TOWN OF DEATH 11. NAME OF HOSPIT ' NU' IN HOME OR OTHER INSTITUTION IT WILL OCCUPATION 128. KIND OF BI. 15-55	OR
= + p = = C	BRINKLOW 18743 New Hampshire Ave. 20862 Housewife	
120 nurs	Will Decipe and the second sec	1
ld b	36. STATE INSIDE CITY LIMITS? 136. STREET ADDRESS ZIP CODE	1
AN Paris	13XX TRAIL NUSTIN VENT NO DIL KONSIGNIU	140
RYL outh	4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	
MAR mple d w	Andrew Andrew Thomas Have Replaced the des	
5 0-	60 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SCURITY NO. 17 INFORMANT ADDRESS 20862	_
MORE execute execute Poges	(YES, NTOR MYNOWN) (IF YES, GIVE WAR OR DATES)	
oon oon	A. Peter Austin 18743 New Hampshire Ave.	٠,٠
, BALT irote b hysicio popers. ovol.	18 CAUSE OF DEATH (Enter only one couse per line f	ATH
the day	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). RETWEEN CHIEF TO THE THE TOTAL OF THE	-
N ST Cert ding orbon pr ren		_
he death of the anti-	DUE TO, OR AS A CONSEQUENCE OF LOLL VOLUME	
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+ + - 0 0	couse tot, stoting the DUE TO OR AND CONSTONE PORT OF CO.	
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gned b n plea buriol,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
RECORDS, low requires to be a sign of the		
O viete	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTORY? 206. IF YES, WERE FINDINGS USED	
REC low	IN CERTIFYING CAUSES OF DEATH?	
TAL R	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTORSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 1 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITEM 18 PART LOR PART 2)	
	216. ACCIDENT WAS UNDERLYING AUSE OF DEATH CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
ON OF VITALISTICIAN: ding physis ding physis s certifica burial-from Mental Hy or them 18	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
ON C Iding is cer burio Ment	21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	_
71SM The the sond ed of		E
DIN IN O S S S S S S S S S S S S S S S S S S	AT WORK AI WORK	
Los Lose	27a.1 certify that (I) (this haspital) attended the deceased from 19 to 5 that (I) (this haspital) attended the deceased from 19 to 5 that (I) (this haspital) attended the deceased from 19 that is (mysterial) applicable to the deceased of the deceased from 19 that is (mysterial) applicable to the deceased of the deceased from 19 that is (mysterial) applicable to the deceased of the deceased from 19 that is (mysterial) applicable to the deceased from 19 that is (mysterial) applicable to the deceased from 19 that is (mysterial) applicable to the deceased from 19 that is (mysterial) applicable to the deceased from 19 that is (mysterial) and the deceased from 19 that is (mysterial) applicable to the deceased from 19 that is (mysterial) and (mysterial) a	
CTO for office	sow the deceased alive and the determinant of the d	b
DIRECTOR PORT OF THE PORT OF T	276. SIGNATURE DEGREE 22C DATE SIGNED	1
the	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	Ch
by by Stotl	PHYSICIAN DI DIRECTOR PHYSICIAN DI DIRECTOR PHYSICIAN DI CIONA	40
HOSPI bined b build be th the S	IRILIDIA IN OLO MIS	53657
TO HOSPITAL retained by the TO FUNERAL I should be detained the State I ment the State I IMPORTANT: If	1 Sulf by Mills action of the	an
5 - 2 3	30 BURIAL, CREMATION, REMOVAL 230 DATE 231 NAME OF CEMETERY OR CREMATORY 231 LOCATION	
BP	Cremation 5/26/1986 Green Mount Crematory Baltimore City, MD	
499999	4 FUNERAL DIRECTOR 250 DATE BECLD. BY REGISTRAR 250, REGISTRAR 250	_
DHMH 16 80M 7/84	NAME ADDRESS MAY 27 4000	
(VRA 15, 4)	Walter Brooks Bradley, Inc. Balto., MD 21222	= 2



		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q 6										
0-07155	1.	STATE REGISTRAR	CERTIFICATE OF DEATH									
oy be oge 3 deoth		CEASED NAME FIRST	mit	WIDDLE	R	PANKS	20 DATE OF DEATH		DAY YEAR	26 HOUR 8495		
ge 4 mo	3 SE	x ale	4. RACE N DEO		May		6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN,		
1 183	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.		WIDOWE		9. BALTIMORE CITY Montgor	_	OF DEATH	MD.		
1 190	S:	ITY OR TOWN OF DEATH	darr	iage Hil	PDRESS)	ROTHER INSTITUTION Silver Spr	120. USUAL OCCUPA (TYPEOF WORL FOR WOS Mail			Postal S		
and the state of t	D:	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION JNTY	ogive residence before 13. CITY OR LOW Washing	٧. ١	13d. INSIDE CITY LIMITS? YES NO [1381 ADDRES	ridan	st.9	9999		
100 page	4	ATHER'S NAME 111iam Banks	WIDDLE	LAST		Rebecca Ba	rlow MIDDLE		LAS			
on ond cePoges		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (1EYES, C	ARMED FORCES?		111 NO. 5975	Marguerite				ridan Ston D.C.		
NG PHYSICIAN: The low requires that death a mit site be executed the physician. When this certificate has been signed by confidential physician and cost the buriolstronsit permit. Then please is continued to the property of the buriolstronsity of the buriolstronsity or other froumatic event, the medical orked or them 18 shows any injury, or other froumatic event, the medical orked or them 18 shows any injury, or other froumatic event, the medical or the property of the pro	z	Conditions, if any, which gove rise to immediate couse Iol. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	EN IN PART 10	0								
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SICIAN: T ng physici certificate rirol-tronsi entol Hygi entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART (OR PART 2)			
ING PHY: r offendin After this os the bu lith and M corked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE FA	RM ETC)	21f LOCATION STREET	CITY OR	NWOI	COUNTY	STATE		
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CHOSPITAL OR Mained by the P OF EUNERAL DIR Main the Store Decorb With the Store Decorp Main the Store Decorp	3	Tolely 22d. PHYSICIAN'S NAME (TYPE Robert T.		Dell	6	ATTENDING PHYSICIAN 2	MEDICAL ST DIRECTOR PHYS		5-1	18-86		
449 89 3-		SURIAL, CREMATION, REMOVA	May	22 1986	Mar	METERY OR CREMATORY yland Nat	23d LOCATION CITY OF TOWN Laure 1		COUNTY	STATE Md.		
DHMH - 16 60M 7/B4 (VRA 15, 4)		HERAL DIRECTOR MCGu	ire Fur e Wash	neralSe	rvice	250 DA	AY 21 1986		RAR'S SIGNAT			



	STATE OF MARYLAND
R	DEPARTMENT OF HEALTH AND MENTA
ATE GISTRAR	CERTIFICATE OF DEATI

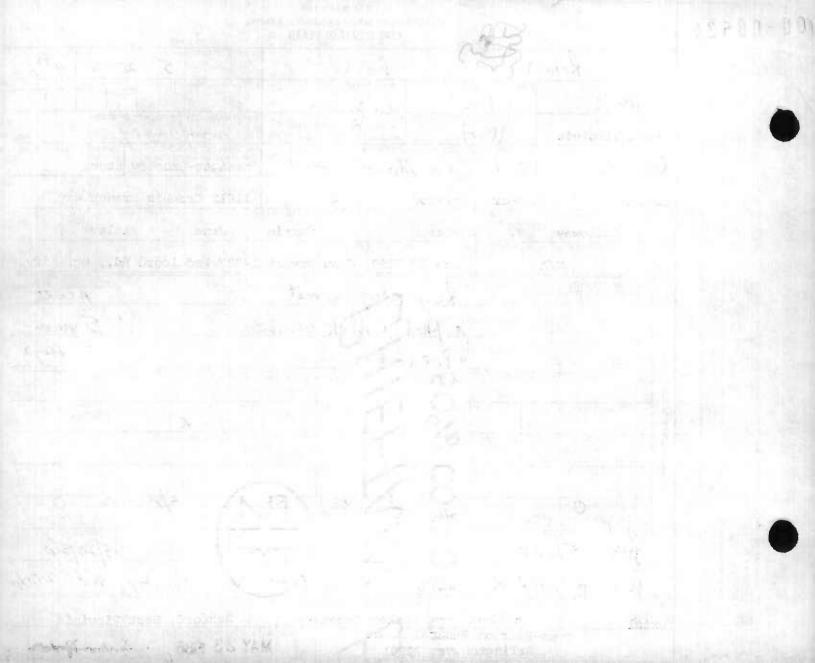
AL HYGIENE REG NO

	1-	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0.	4/	5	2
		CEASED NAME FIRST	MIDDLE	t.	AST	2a DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR	_
			A MAE BANKS			MAY 12 1			3:22	M
	3. SE)	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN		HOURS MI	
>	_	FEMALE	BLACK	DECE	MBER 26 1933	52	YRS.			
2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
/	-	RGINIA	UNITED STA		DIVORCED DIVORCED	MONTGOME		b. KIND OF		MD.
1	1	BETHESDA	(IE NOT IN SUCH EACILITY, G NAVAL	HOSPITAL		(TYPE OF WORK FOR MOST OF BEAUTICIAN	OF WORKING LIFE) IN	NDUSTRY	BUSINESS ()K
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COUNTY PRINCE OF STATE PRINCE OF STATE O	VTY 13t. CITY		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS AVE		2002	28	
1	14 FA	ATHER'S NAME	MIDDLE	bes	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Sam	uel	2 4	
2	0	DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCI	IAL SEURITY NO.	17. INFORMANT	ADDRE	SS	MED L		
1		NO	230-	-40-3666	TANYA HAWKIN		ENUE, DI			
	980	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D BY:	ASTATIC CA	MD 20 RCINOMA	028	- 19	BETWEEN ON	ATE INTERVAL ISET AND DEAT	t H
¥		IMMEDIA	DUE TO, OR AS A CO		4.02.1.03.41					N.
ı		Canditians, if any, which	((b)	MASE OF THE STATE OF			E F			
ij	5	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF						
	75	underlying cause last.	(c)							_
	Z.	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART No		
1	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH O		WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		SS USED		
	RTIFE				Annahira a	YES X NO	YES 🔀		NO [
,		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MON	NTH DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART ?)		
	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wn c	COUNTY	STATE	
		22a I certify that (I) (this haspi saw the deceased alive an	MAY 12	19 86 an	IL 4 , 19 86 and that in (my) (aur) apinion of	, to MAY death accurred on the de	2 19 ate and have and		at (1) (we) l	ast
H		abave, (M/we) (did) (did no 771 515) (A William)	it) view the bady after deat		DEGREE			22c. DATE SI		_
		Huster C	1	-2016	MD ATTENDING PHYSICIAN	MEDICAL STAI	IAN E	14 11	4480	
1		THE PHYSICIAN'S NAME THE	(mint)		226 ADDRESS NAVAL	HOSPITAL,	NAVAL M	EDICAL	COMM	IAND,
		G. A. CALLEJA	LT, MC, US	SNR	NATIONAL CAP	ITAL REGION	, BETHES	SDA, M	D 208	14
		Burial Semation REMOVAL	5/17/8	Wash	englon hat	Sen Flor	V 90	d	5000	
	24. Fi.	MERAL DIRECTOR	ly Bill	IDDRESS .	25e DATE	REC D BY REGISTRAR	256 REGISTRAR	SIGNATUS	Halle	
		31171 Patr	ieto Stille	16.22	3/4 MAT	1 9 1900	CHANGE CONTRACTOR	301		4

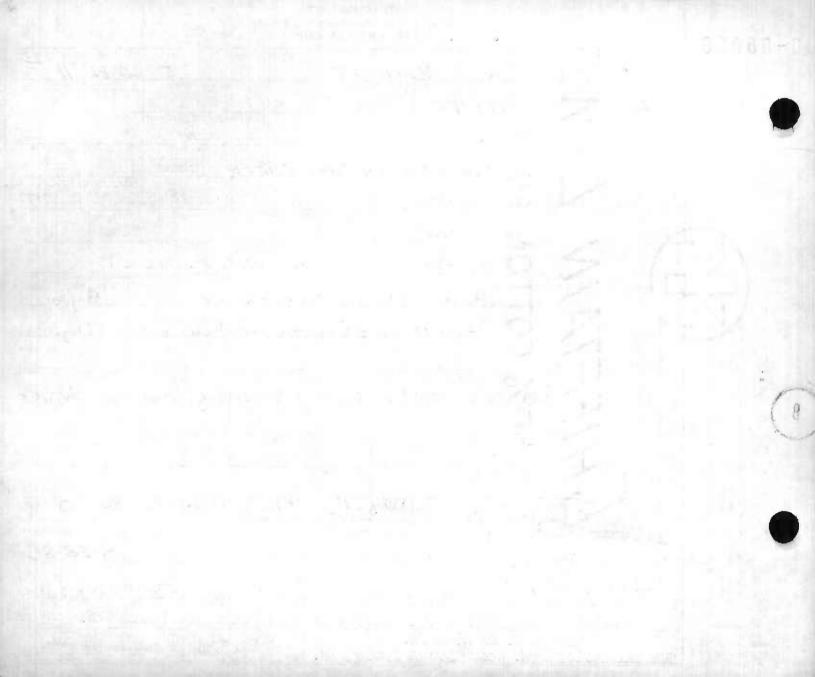
DHMH - 16 60M 7/B4 (VRA 15, 4)



00 00=-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
00-08524	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 REG. NO.	, 3
may be , , page 3	1. DECEASED NAME RIST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HC	OUR 30 AM
ge 4 may	1. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY VEAR AUG. 15, 1929 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS AUG. 15, 1929 56 YRS.	DER 24 MRS
neral dir.	76. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? 8. West Virginia Worked Divorced Divor	MD.
by the fu	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Manager-Grocery Store	
AND 2120 AND 2120 124 haurs filled in by fould be file	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131b. COUNTY 131c. CITY OR TOWN 131d. INSIDE CITY LIMITS? 131c. STREET ADDRESS 11612 Crabb's Branch Way	5
MARYLA mapletely f and 2 sh	15 MOTHER'S MAIDEN NAME FIRST Calloway W. Barker 15 MOTHER'S MAIDEN NAME FIRST Carrie Jane Pauley 1.AST Carrie Jane Pauley 1.AST	
TIMORE,	No N/A 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 176 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 233 38 7269 Jean Bryant 14027 Peddicord Rd., Mt. 7	
Eath certificate trieding physics to corban phys	18 CAUSE OF DEATH (Enter only one couse per line for oil, (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF A 1 1.	
s that the ed by the alleose remaind, cremat	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (c) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (c) Conditions, if ony, which gove cancer Syea	kays
L RECORDS, 2 te law require no. has been sign permit. Then te ne prior to bu was any injury,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 21b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY) IN ITEM 18, PART 1 OR PART 2)	EATH?
ON OF VITAL IN HYSICIAN: The Inding physician. The burial-transit p. Mental Hygien. Or them 18 show	LOS CONTRIBUTOR CONTRIBUTOR OF STATE LAND HOUR A.M. MONTH DAY YEAR I	<u>U</u>
71SI There is the and	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT W	STATE
TENDER OF TOR: A for use of Heat is m.	270.1 certify that () (this haspital) attended the deceased from 10, 19, 55, to 5/12, 19, 56, that one saw the deceased of 5/12 is 5/1	, ,
TAL OR A Ny the hos RAL DIREC detached tote Dept.	DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5124 ADDRESS 227 PHYSICIAN S NAME (1995 OR 98 1911)	9
TO HOSPITAL retained by the TO FUNERAL should be detained with the State MMPORTANT. It	PETER & SHERER MD 29147 Ferrara Dr. Wheaton, and a	20906
BP	Burial 236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY CITY OR TOWN Ashford, West Virginia	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	Arlington, Va. 22201 1250 DATE REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE MAY 23 1986	lette.



1	5 5 9 STATE OF MARYLAND
	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 4 / 5 4
1-08086	REG. NO. I DECLASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25 HOUR A
4 31 mb	FRANCES K BARNETT 5 22 86 11 Th
_ 1 1 1	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS MIN.
1111	The state of the country? & The state of the country? & The state of the country of the state of the country of the state
183	MARRIED NEVER MARRIED Maintagmanu
0 19 811	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL COCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (If Yee OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
10 10	Gaithers burg WILCON HEALTH CARE CENTER Homemaker
136	Maryland Montgomery Gaithersburg yes Nontgomery Hall Colly or Town 13d Inside City Limits? 13e STREET ADDRESS / ZIP CODE Gaithersburg, 407 Russell Avenue #111 2087
d - the	Frank Kerr Page Bland LAST Bland
odicol /	No DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HUSband ADDRESS 227-54-3986 Blanton S. Barnett, Jr. Same as 13
9 9 4	
theast physical physi	18 CAUSE OF DEATH Enter only one cause per line far 101, (b), and 1011 PART I. DEATH WAS CAUSED BY: 1 MMEDIATE CAUSE (a) Acute & Chronic renal failuse 5 years
drig drig	
death one of both	Conditions, if any, which ((b) Hypertensive & Diabetic renal disease 10 years
a de la de l	gave rise to immediate cause (a), stating the DUETO OR AS A CONSEQUENCE OF
that d by locus of c or oth	underlying cause last (c)
and of the control of	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
1111	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 200 IF YES, WERE FINDINGS USED
D Table	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
The state of	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 176M 18 PART 1 OR PART 2)
Parish Parish	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
Sept 4 p	21d. INJURY OCCURRED 21e PLACE OF INJURY (A) NOWE STORET RATION COUNTY STORET RATION COUNTY STORET
Set of the	NOT WHILE I AT WORK
O la Solution of the last of t	270. I certify that This haspital) attended the deceased from May 1986, to 17109 22, 1986, that (we) last sow the deceased always May 21 1986, and that in (my) our) opinion death accurred on the date and how and from the causes stated
A SECTOR	abave (1) we) (did (did not view the body after death.
The Party of the P	ATTENDING MEDICAL STAFF
PITA SERVICE	PHYSICIAN STANDS (1995) 1226 ADDRESS PHYSICIAN DIRECTOR PHYSICIAN 5-23-86
HOSE PLANT	Lames R. Moore Jr. 207 Brockes Ave Gorthers Gum hu
51 5213	230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP	Burial May 27,1986 Fort Lincoln Cemetery Brentwood Prince Geo. Maryla
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR Francis J. Collins Jr. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4)	500 University Blvd. West Silver Spring, Md. 1986



316.E. Diamond Ave., Gaithersburg, Md.20877

FOR

1. DECEASED NAME

REGISTRAR

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Gartner Sandison F.H.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

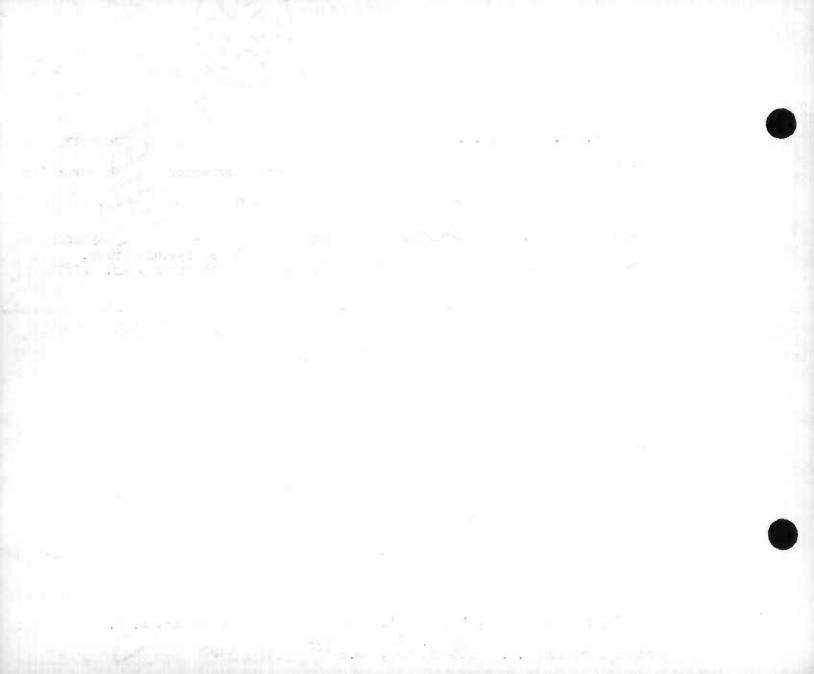
MONTH

STATE

STATE

7a. DATE OF DEATH

250. DATE REC'D.



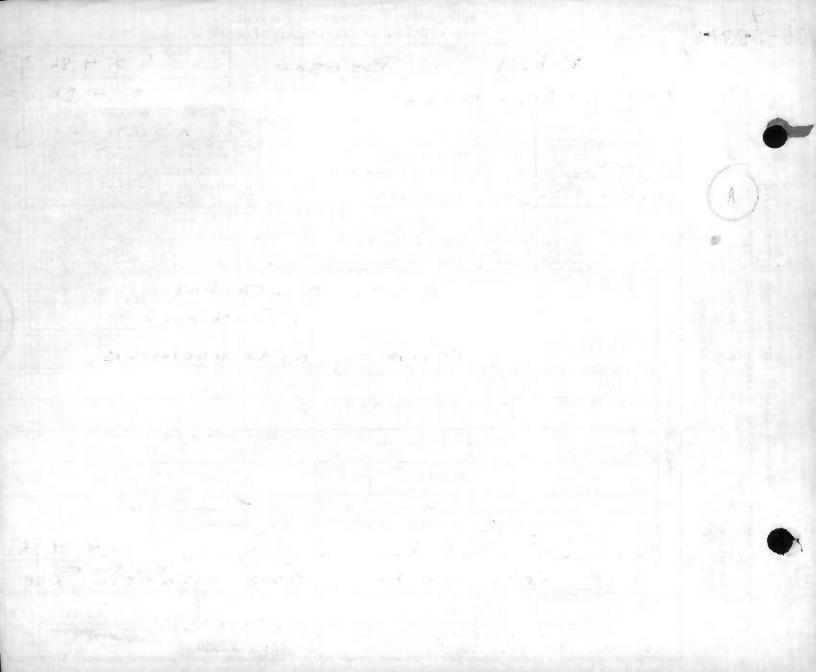
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN 26 HOUR 198 (TYPE OR PRINT) ESTI-OF UNERAL DIRECTOR.
5 FOR YOUR FILES.
WITHIN 72 HOURS 010 DEATH MATED 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY 8 PRONOUNCED UND AFTER DEATH. IF ANY DELAY IS NECESSARY, 8 GIVE PAGES 1, 2, AND 3 TOTHE FUNERAL DIR. WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 I DIVISION OF YITAL RECORDS. ONL W. 33 DEAD 19 7b. CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) States DIVORCED =lennessee United ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Bethesda Psychoanalyst Psychiatry Glenbrook USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e STREET ADDRESS Maryland Montgomery Bethesda 7003 Glenbrook Road 20814 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Jay Barton Angela Lee Dunn 160. WAS DÉCEASED EVER IN U.S. ARMED FORCES? ADDRESS 7003 16h SOCIAL SECURITY NO (Wife) (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES! Laque Barton, Rd. Bethesda No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Maryland USED AS A BURRIL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. arnest PART I DEATH WAS CAUSED BY ardi IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which en Sion gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD POSE 4 SHOULD BE FORWARDED TO THE CHITOPE FUNCER: PAGE 3 SHOULD BE UK AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRICK TO BURI YES NOX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AT WORK AT WORK 228. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram-Hamicide Undetermined manner ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME ISCU TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE MA 23C. NAME OF CEMETERY OF CREMATORY
Metropolitan 23d. LOCATION COUNTY STATE CITY OR TOWN 986 Alexandria 07/84 BP 25M 24 FUNERAL DIRECTOR RObert Pumphrey Funeral Homes MAY 5 1986 DHMH - 17 Wisconsin Ave. (VR A15 ME (5)) Bethesda

AND DESCRIPTION OF THE PARTY OF

00-06921	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND MENT/		8 6 REG. NO)	4 7	5 /
may be		CEASED NAME OR PRINT) Delote X	FIRST	1. RACE	A nn	5. DATE C	DAY YE	6. A	DATE OF DEATH	MONTH DA	4-86 UNDER TYEAR	2b. HOUR 0 2 45 M IF UNDER 24 MRS HOURS MIN.
oge 4		nale	2000000	caucas	ian	June	29, 1951	1	3	4 YRS	DEDEATH	
nerol on 72 h	(irginia		Jnited		MARRIE	NEVER MARRIE	ED '	ontgomery			MD.
ofter d by the fu	10.CI	TY OR TOWN OF DEA		Sharry	CHEACILITY, GIVE STRE	HOLUCA	SAST HE	ITY	USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE)		F BUSINESS OR
filled in	13a. S	al residence (# nurs) TATE rvland	13b. COUN'		Germant		13d. INSIDE CITY LIM		STREET ADDRESS	or Bro	ok Dri	ve/20874
red within 24 hours ompletely filled in b and 2 should be lift recommended to a	F1	oyd	A.		Roge		15. MOTHER'S MAID FIRST Mary	DEN NAME	Rosale		Johns	
be esercial confidence of conf	16a. V	VAS DECEASED EVER VES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	228 68		Brian L. I	Bell(h	usband) s		#13.	
signed by the deap is speed by the others in please remove a to buriot, cremotion, or they, or other traumoti	NOI	Conditions, if ony, gove rise to immreases (a), stating underlying cause	mediate ng the last.	(b) DUE TO, O	OR AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF	NOT RELATED TO TH	TE TERMINA	l Disease or Coni	DITION GIVE	N IN PART ICE	2
CERTIFICANE. The low offending physicion. In this certificate has been in the benefit is and American Hygiene printed of them 14 from your only	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIFY YES		
CECIAN: T g physici corrificate rial-transi mental Hyginess 18-87		218. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT			DAY YEAR	21c. HOW INJURY O	OCCURRED	(ENTER NATURE OF INJUR	TY IN ITEM 18 PAR	RT 1 OR PART 2)	
dG Prey ortender to and M hoord M	MEDICAL	21d. INJURY OCCUR	THE	210 PLACE LAT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	21f. LOCATION STREET	- /	CITY OR TO	WN	COUNTY	STATE
t OR ATTENDE the hospital or t DIRECTOR: A troched for use e Dept. of Heatt		22a.1 certify that (1) saw the decease abave, (1) (work) 22b. SIGNATURE	(she borpies ed alive and ded) (did not	attended the NAY (1) view the body	deceased from	, or	d that in (my) () C	DING M	h accurred an the da	F		
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Stole MAPORTANT:		224 PHYSICIAN'S N.	5 A.	BRO		D	220. ADDRESS /CO	800 P	HYSICIANS LE MD		Surre	232
BP	(BURIAL, CREMATION, SPECIFY) Burial			,1986 M	ount Co	emetery or crema emfort Cem	etery	Alexandri	a	COUNTYVVir	ginia
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FU	A., 300 W.	Mont	A. Pum gomery	phrey Fi	neral ckvill	Homes, e, Marylan	ADAY 1	9 1986 3	25b. REGISTR	AR'S SIGNAT	URE

CATTASTERIC AREAS MICARDON OF FOFT BURNET STEELED THE REPORT OF THE PARTY OF THE 23/21/5 in the state of th

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00-01	634-4		REGISTRAR		MEI	DICAL EXAMIN	IER'S C	ERTIFICATE	KI	G. NO.	1 0	1
	/		EASED NAME	FIRST		WIDDLE		LAST	20 DATE KNOW	HINOW WONTH	DAY YEAR	26 HOUR
19	200 E 12			Rob	170	P. 7	Da	NSON	OF EST DEATH MAT	ED O	4 186	RM
2	문문장문 /	3. SEX	4 RAC	CE	5. DATE OF BIRTH	6. AGE (IN Y				MONTH	DAY YEAR	2d. HOUR
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3	7 E E	7a BIF	THPLACE (STATE OR	, ,,,,	76. CITIZEN OF WI		10	20	9. BALTIMORE	ITY OR COUNT	Y OF DEATH	1 RW
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1 07	@3 <u>-</u> 0 /	1	18 CAUSE OF DEA PART I DEATH V	TH (Enter anly	ane cause per line	for (o), (b), ond (c).)	1		- 0-1		BETWEEN ONSE	E INTERVAL
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Ė	RW RW ST/ ST/ 2, 2	30	220 1	Line Laborer	of the complete day	Cribed obave, held an	Autop	sy , Inspectio	9 . 0	41		
2	ARDEN ARDEN	10								ond in my op	inion	
- 3	E BEE		death resulted from	n: Naturo	ol couses .	Accident L., S	vicide	, Homicide .	Undetermined manner	<u></u>		
7 2	CERTIL DIRECTION B DIRECTION WITH		ACTUAL SIGNATURE	1	6	0		TITLE (SPECIFY)		DATE	5-4	22
3	ECUTE THE CERT GE 4 SHOULD IS FUNERAL DIRE TER DEATH, WITT		SIGNATURE	00	and !	1 answ	M	o track	MEDICAL EXAMINER	SIGNE	0	00
ğ	HANGE		EXAMINER'S NAME	-	ind a	Tank		000	0 11115	130 T	2000	100
\$	PAGE CO		(TYPE OR PRINT)		20.00	1000		ADDRESS 82		Susi	'' K	200
1	mg k 4 g		IRIAL, CREMATION,			23c. NAME OF CE			23d. LOCATION CITY OR TOWN	COUP	ITY S	TATE
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25M	DHMH - 17					hrey Fune			REC'D. BY REGISTRAR 256	REGISTRAR'S S	Charles	1772
Λ.	/R A15 ME (5))	75!	57 Wisco	nsin .	Ave.Bet	hesda,MD	2081	4 PA MAY	1 3 1986			- A



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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG.

Ш		REGISTRAK		CENTIL	TEATE OF BEATH	REG. N	D.			
-		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	n
			THY CLARKE	BILLINGS		MAY 13	1986	2110	12:2	23 M
	3.583	х:	4. RACE	5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTH	DER I YEAR	IF UNDER 2	A HRS
H		MALE	CAUCASIAN		EMBER 4 1955	30	YRS			
Ŋ	Ju 89	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH		
		KANSAS	UNITED STA	ATES WIDOW	ED DIVORCED	MONTGO				MD.
	De CI	TY OR TOWN OF DEATH	NAME OF HOSPIT		OR OTHER INSTITUTION	120 USUAL OCCUPATI		. KIND OF DUSTRY	BUSINES	SOR
		BETHESDA		L HOSPITAL		RETIRED	U	.S.NA	VY_	00
1	13a. /s	THE SERVE OF NURSING HOME OF	NTY 13c. CÎ	TY OR TOWN LINGTON, D.C.	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2400 VIRGI		UE, 1	W 20	032
7	JE FA	THER'S NAME FRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WIDDLE		LAST		
4			RNEST BILLIN			IA LAVERNE O				
2		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST	OCIAL SECURITY NO.	17 INFORMANT					
1				08-98-9806	MARK C.MOREN					
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D RY.			N, DC 2000	8	APPROXIM BETWEEN O	NSET AND D	EATH
		IMMEDIA	TE CAUSE (a) AC	COULKED IMP	MUNODEFICIENCY	SYNDROME				
H		6 10 10	DUE TO, OR AS A	CONSEQUENCE OF						
H		Canditians, if any, which gave rise to immediate	(b)					1		
(7)		cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	LITING TO DEATH BUT	I NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PAPT 1/a		
	Z		contained contains	50.	THE RELATED TO THE TERM	WAL DISEASE ON CON	J11014 G11 E14 III	TAKT NO		
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER	RE FINDING	GS USED	
1	Ē	Man Line				YES NO	IN CERTIFYING YES	CAUSES	NO [1?
2	CE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	RY ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	R PART 2)		
1	SE	OR CONTRIBUTING CAUSE OF DE	AIN	19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJU	JRY ORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn .c	OUNTY	STA	ATE
	~	AT WORK NOT WHILE AT WORK								
		220.1 certify that (1) (this hasp				toMAY			hat (I) (w	.,
	-	saw the deceased alive or above, (I) [we) (did) (did no		19 <u>86</u> o	nd that in (my) (aur) apinian	death occurred an the do				ed
		77% SIGNATURE 7248	= //	08	DEGREE ATTENDING	MEDICAL STAI		2c DATE S	IGNED	01
		22d PHYSICIAN'S NAME (TYPE	Sterned	0, 1	PHYSICIAN [DIRECTOR PHYSIC	IAN	14/1	nay	86
						HOSPITAL,				
	00	J. H. EDMUNDS		-	NATIONAL CAP		, BETHES	DA, I	MD 20	1814
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	236 LOCATION	ANDD TO COU	NIY AT DO T	NIT O STA	ATE
	24 FI	CREMATION JNERAL DIRECTOR RICH	5/14/86 ARD RAPP, I		LITAN CREMATOR	TE REC'D. BY REGISTRAR		VIRGI		
	24 10	NAM 804 T ST.,	N W WASHING	CTAN D C		V 1 0 1008 4	CA KECISIKAK S	SIGNATU	N. m	.3
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DHMH - 16 60M 2/84 (VRA 15. 4)



500 University Blud. W. Silver Spring.

DHMH - 16 60M 7/84

(VRA 15, 4)

John Commission Cont.

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Patential Collins Committee Collins Co

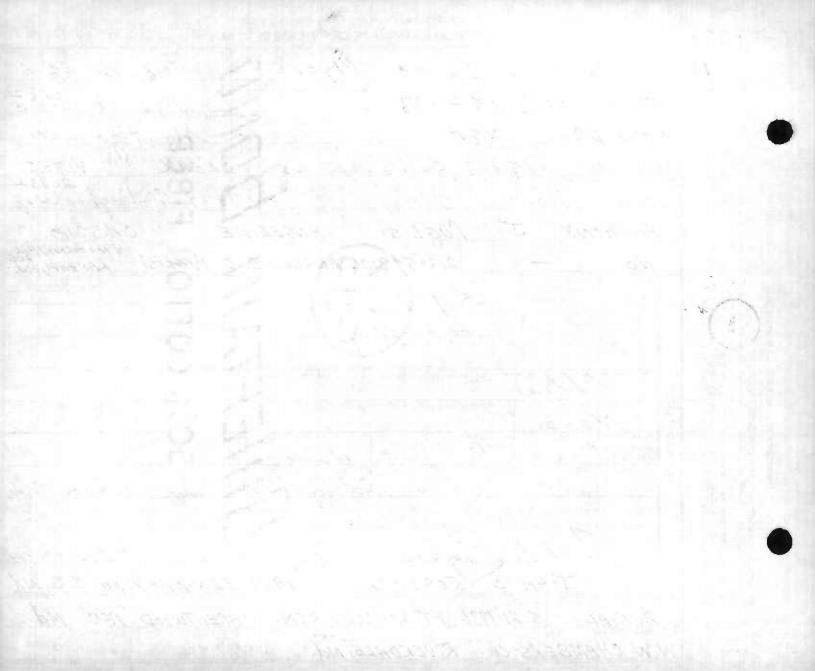
					STATE OF MARTLAND		
000	1511	1	FOR	DEPARTI	WENT OF HEALTH AND MENTAL HY	GIENE Q 6	1169
85-01	124	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	10	J-BE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
0	25	11496	OR PRINT)	1. 1-04.	Binings	5-2	5-86 4:03 A
34 4	00		GEORGE		IS DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Ě	12	3.5E	Male	4 RACE	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
0 0	ec t	500	1 ace	Caucasian	10 7 10	75 YRS.	
8	10 0 P O		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
eoth	of Care		MAINE	usp	WIDOWED DIVORCED	Montgomer	y MD.
TO	34-9/		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF MORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR E) INDUSTRY
off off	led the	TA	KOMA PARK	WASHINGTONA		Owner-G.W. Blanc	
212	53 4	USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE			
N N	到15	130. 3	AA I AA		Spring YES NO NO	113 LAMIL TON	
AI I	35 / 8	14. FA	THER'S NAME		15. MOTHER'S MAIDEN N	AME	
A X	82/4/		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
Α,	13	16n V	Maurice VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	Parker
BALTIMORE	page page			VE WAR OR DATES!			
M N	1 : 1		No L	029-05-	-8302 Marjorie S.	Blanchard Wife	Same as 13
Ba A BAL	3135	-	18 CAUSE OF DEATH (Enter of	nly one couse per line for a), (b), on			APPROXIMATE INVERVAL BETWEEN ONSET AND DEATH
1	1	39	PART I. DEATH WAS CAUSE	TE CAUSE (o) KES	Makily Tel	luie	SOMY
S	and y		BTUTEDIA		0/ 0/	0	1
RESTON	2000		Conditions if you which	DUE TO, OR AS A CONSPOUN	0100 101	CIUCA (AMICA)	(olmul)
or m	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Conditions, if any, which gove rise to immediate	(b)	vasianic L	H Comme	Convace
3 1	2000		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUI	ENCE OF		
10	4 0 H 9	1.3		(c)		· · · · · · · · · · · · · · · · · · ·	
5, 2	4	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Tra
080	2.0	은				Les auxonesso less ir ver	WEDE CHIED NICE WATER
SEO SEO	ALA	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
AL AL	22	E					S NO 🗆
II ZZ	Berm	ü	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
0 0	19819	1	(IF EITHER, NOTHEY MEDICAL EXAMINE	AIR	19		
NO SET	1444	EDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
VISI	1483	₹	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, I	FARM ETC) STREET	CITY OR TOWN	STATE
0 20	A OFFICE		27a.1 certify that (I) John hosp	ital) aftended the deceased from_	155/14 1980	10 29 VUNY	19 EC, that (11) we) lost
41	10 of 12		saw the three ased all to an	Wift 9 19	and that in my (our) opinio	n death occurred on the date and hou	ond from the couses stated
- 15事	2 T T T		obove Tyre (iid) (did no	and the body after death.	DEGREE		27/ DATE SIGNED
2.8	0.90	100	1/1/1/1	1/0110111	ATTENDING	MEDICAL STAFF	5/30/21
AT A	A STATE		224 PHYSICIAN'S NAME AND	and certainly	27e ADDRESS	DIRECTOR PHYSICIAN	10/0/06
5 5	25 F F		Toloren 14	PHKUILAR	75561000	MAN / TO DU	Linne Cott 111
0 8	58131	-	111 (MITS 11 c	DON MUST	108 SICEU	1230 LOCATION	(NCCHOCK 141)
The state of the s		736.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY 20 751
BP.			Burial	May 28, 1986 Pa	urklawn Cemetery	Rockville Mont	gomery Maryland
DHMH	- 16 60M 7/84	24 FI	NAME PRANCE	cis J. Collins	Jr. 250. D	PARIZIB. REGIST	RARSGIGNATURE
(/RA 15, 4)	50	0 University Bl	lud., W. Silver S	Spring, Md.	W	

10125-2 was constant 1 double and Triblice F. Panchand Inna tenjanie S. Perional lite Some at 13 Turing "au 25, 10% Park Caretern Packville for trouble free take Francis 7. Callins 12.

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	m 5		CEASED NAME FIRST		MIDDLE		AST		28. DATE OF DEATH	MONTH DAY		8:50p
, p	death death		Albe		V.		ssingame			05/05/		M
7 4 mo	softer o	3. SE)	femåle	4 RACE blac	ck	5. DATE C		YEAR	AGE (IN YEARS LAST BE		UNDER TYEAR	HOURS MIN.
Ogh Pog	COX.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COU	MARRIEI WIDOWE	NEVER MARR		Montgo	OR COUNTY O		Y MD
ofter de	led /		TY OR TOWN OF DEATH	415 215 2 12 2 14 2		IURSING HOME C	ROTHER INSTITUT		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSE			F BUSINESS OR
ND 2120	filled in bould be fi	UaUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION)	136. INSIDE CITY LI	IMITS?	3e.STREET ADDRESS		r Mil	833 1 Rd.
AARYLA d within	mpletely and 2 sho	14 FA	THER'S NAME	MIDDLE IMES	LA		15. MOTHER'S MA	IDEN NAMI	ally ?	Caste	LAST	
MORE, A	Poges 1 g		VAS DECEASED EVER IN U.S. AR			SECURITY NO.	17. INFORMANT Mack B	250	ingame (ame a	as #13
T., BALTI	physician in papers. imaval. ivent, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per D BY. TE CAUSE (b)		(b), and (c)	DIAC ARI				BETWEEN	MATE INTERVAL DNSET AND DEATH
01 W. PRESTON	ed by the attending fease remove carb ial, cremation, ar a or ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, O (c)	R AS A CON	SEQUENCE OF						
RECORDS, 2	en signe i. Then p or to bui y injury.	TION	PART 2 OTHER SIGNIFICANT	Res	ral Fo	releve, I	naberes	melli	fees, Gastn	ountestin	al Bloc.	derg.
AL RECO	t permit	CERTIFICATION	190 DATE OF OPERATION April 26, 1986	196 COND		AL FAIL	N WAS PERFORME	D ,	200 AUTOPSY? YES NO		WERE FINDIN NG CAUSES	
I OF VIT.	in the second se		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINED	ATH HOUR A.		H DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF IN)	IRY IN ITEM 18 PAR	I I OR PART 2)	
DIVISION OF NG PHYSICIA	frer this of the bull of the bull of the bull or the bull or the bull or the bull or the bull of the b	MEDICAL	216 INJURY OCCURRED WHILE ONLY WORK AT WORK		OF INJURY REET, FACTORY, (OFFICE FARM ETC.)	211 LOCATION STREET		CITY OR TO	NWO	COUNTY	STATE
ATTENDIR	for use of Health		270.1 certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did no	May	5	64	d that in (my) (co r)		oth occurred on the c	ate and have a		that (I) (we) last causes stated
Al OR A	RAL DIRE detached tate Dept. T: If Item		22b. SIGNATURE 3	rry B	eees		DEGREE ATTEN	NDING SICIAN 🛣	MEDICAL STA	FF CIAN []	MAG	6,1986
HOSPIT	O FUNER nauld be oth the St		22d PHYSICIAN'S NAME (TYPE C	PY HEAL	<u> </u>		3141 FE	TURALA	Drive WH	EARON &	ALUCAN	up 209W
7	F 3 3		SURIAL, CREMATION, REMOVAL			23t NAME OF C	EMETERY OR CREM	MATORY	236 LOCATION		COUNTY	STATE
BP.			Burial	5-10-	-86	Poplar	Grove (Gaithe			
	- 16 60M 7/84 RA 15, 4)		orge R. Snowde	n	246 I Rockv	Washir	20850	100000000000000000000000000000000000000	REC D. BY REGISTRAL	256 REGISTRA		

TO THE ROLL OF DESIGNATION OF THE PARTY OF T 0.00 Control of the Contro

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN L HOUR (TYPE OR PRINT) ESTI-FUNERAL DIRECTOR.
5 FOR YOUR FILES.
D, WITHIN 72 HOURS DEATH MAHED 4 RACE 3 SEX 6 AGE (IN YEARS IF UNDER TYR DATE LAST BIRTHDAY PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTE WIDOWED DIVORCED 2 mes ID CITY OR TOWN OF DEATH 26 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION OR INDUSTRY FOR MOST OF WORKING LIEE USUAL RESIDENCE LIFT NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13e STREET ADDRES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMAN (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NGELINE CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DED TO THE USEL SELVED BE USELVED BE DEPARTMENT OF H YES NO V CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f TOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, YPAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE STAMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Suicide 2 death resulted fram-Accident Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATORE MEDICAL EXAMINER ER'S NAME **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23¢ NAME OF CEMETERY 07/B4 BP. 25AA 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



0-07828	FOR To a state REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 PEG. NO.	4/65
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	YEAR 26. HOUR
yy be age 3 death	CAMPA CO DO CO	auth B,	Bolton	May 21, 1986	10:35
mo)	3 SEX	4. RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
ge-4	Female	white	July 18 1897	88 YRS.	
Pa Bod 27	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
To 272	Ohio	USA	WIDOWEDKK DIVORCED	Montgomery	MD.
The end	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
201 List offi	Olney	Montgomery (General Hospital	Housewife	own home
AND 21:	Maryland Mon	or other institution, give residence before some ry Sidiver's	pring 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 3321 S. Leisure	Blvd. 0906
MARYL ed within ond 2 s	14. FATHER'S NAME HETry	"B: Burt		WIDDLE	Johns
be executed within 24 bor ond completely file rs. Poges 1 and 2 should be medicol examines my	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) I IF YES, G	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 577–58–2	(SISL	er) ATS95 E. I Bowser York, Pa	Market Street 17403
physicus popersicus propersicus	PART I. DEATH WAS CAUS	only one couse per line for (a) and (b) and (b) ATE CAUSE (a)			BETWEEN ONSET AND DEATH
hot in Vient and hot the ottending ose remove corbs. I), cremation, or re-other traumatic cother traumatic.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	sive atherosellus	faction	ds ys
requires trequires to signed or to burid	PART 3 OTHER SIGNIFICANT	enous	是是伊克尔斯尼亚	INAL DISEASE OR CONDITION GIVE	
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requiranteding physician. Wher this certificate has been signs the bural-transit permit. The lith and Mental Hygiene prior to larked or frem 18 shows any injury	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NOW YES	0
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STATE OF MARYLAND

230 NAME OF CEMETERY OR CREMATORY

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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Joseph Gawler's Sons. Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016

5/5/86

250 DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE

5530 Wisconsin Ave, Chevy Chase, MD 20815 Silver Spring, MD

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May 2, 1986

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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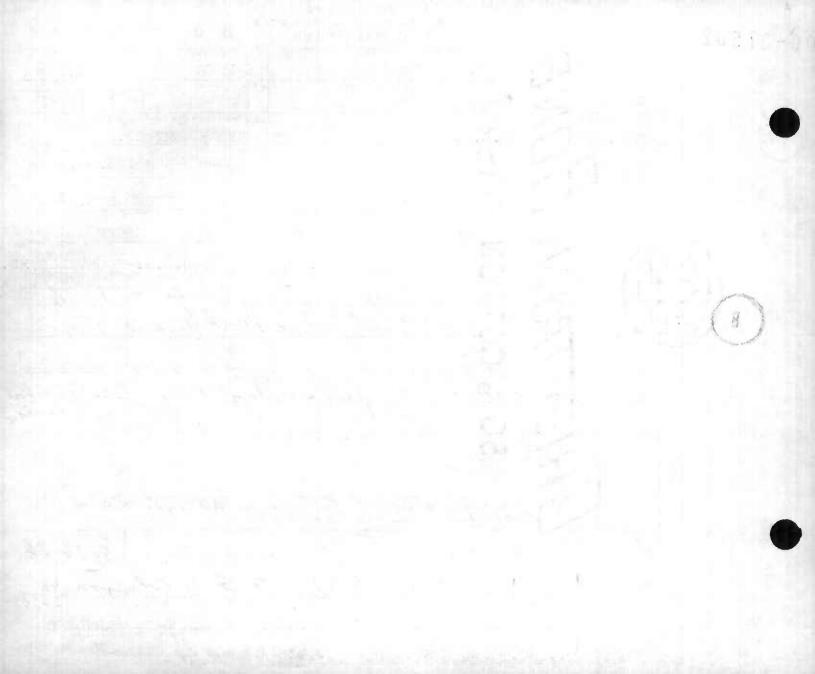
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH MAY 27, 1986 4:30 PM 6 AGE (IN YEARS LAST BIRTHDAY) APRIL 25, 1917 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMERY DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR BRAKE MECHANIC AUTO SHOP 13d INSIDE CITY LIMITS? 130 STREET ADDRESS ZIP CODE BLVD.#1 20815 15 MOTHER'S MAIDEN NAME MIDDLE LENORA HAYAST 17 INFORMANT ELVA P. BRANT, WIFE, SAME AS ITEM #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION CITY OR TOWN COUNTY STATE STREET and that in Imy) (aut) apinion death accurred an the date and hour and from the causes stated 27v. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN ! 27e ADDRESS 23c NAME OF CEMETERY OR CREMATORY BURIAL 5/30/86 ST. PAULS RIDGE CHURCH CEM, OR TO BERLIN.

STATE OF MARYLAND

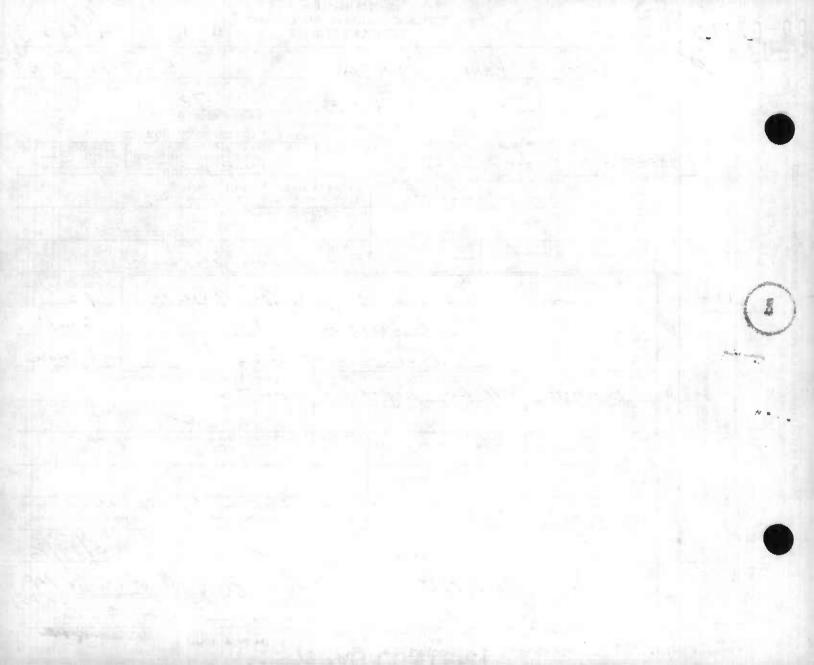
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24 FUNERAL DIRECTOR RICHARD RAPP. INC. 1804 T ST., N.W., WASHINGTON, D.C. 20009 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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24 FUNERAL DIRECTOR OPERT A PLIMPTRAY FUNERAL HOMOS 124 BATE REC'D. BY REGISTRAR 1510A FOR	-
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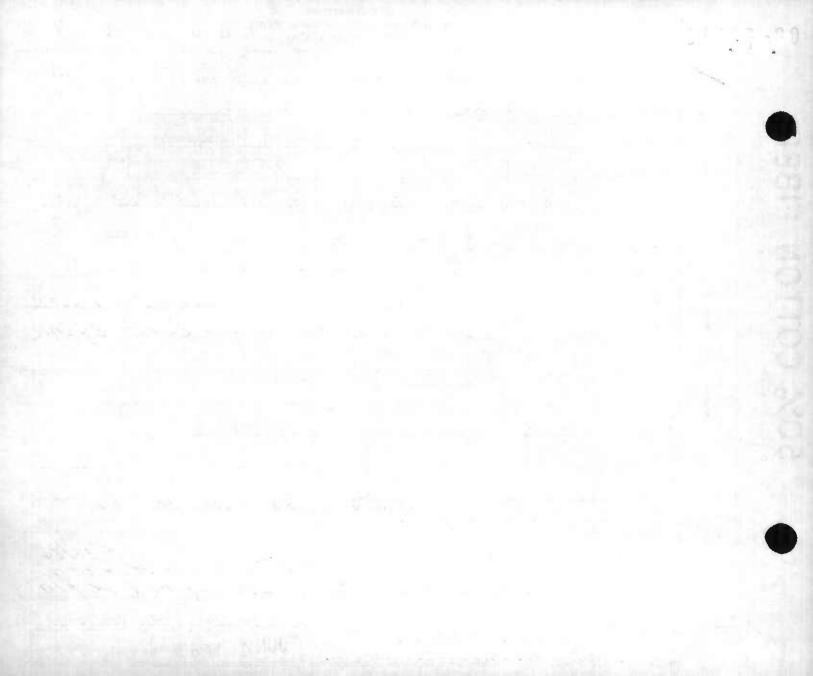


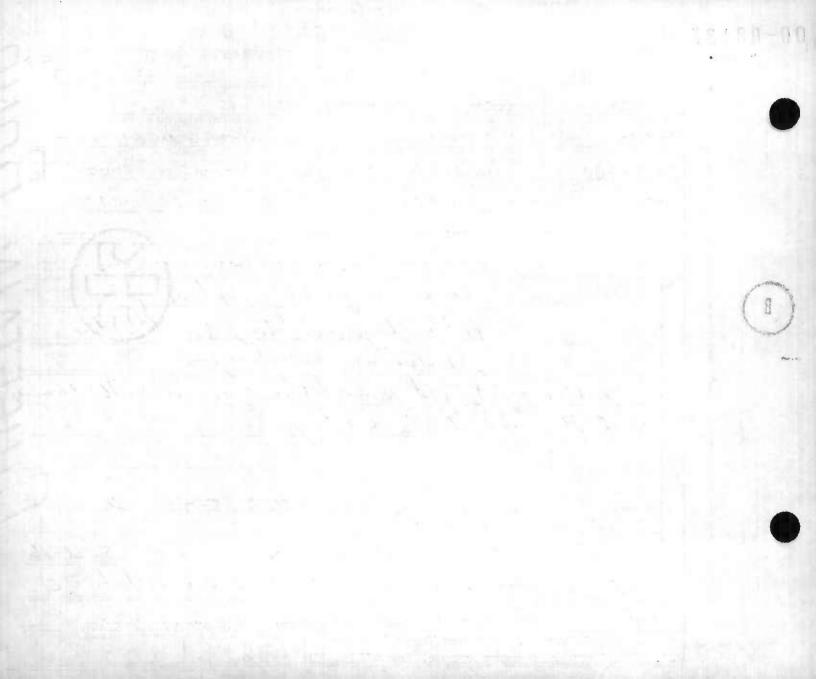
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR Fran O University E		Collins, st Silver		g. Md.			SIGNATURE			

500 University Blvd. West Silver Spring,





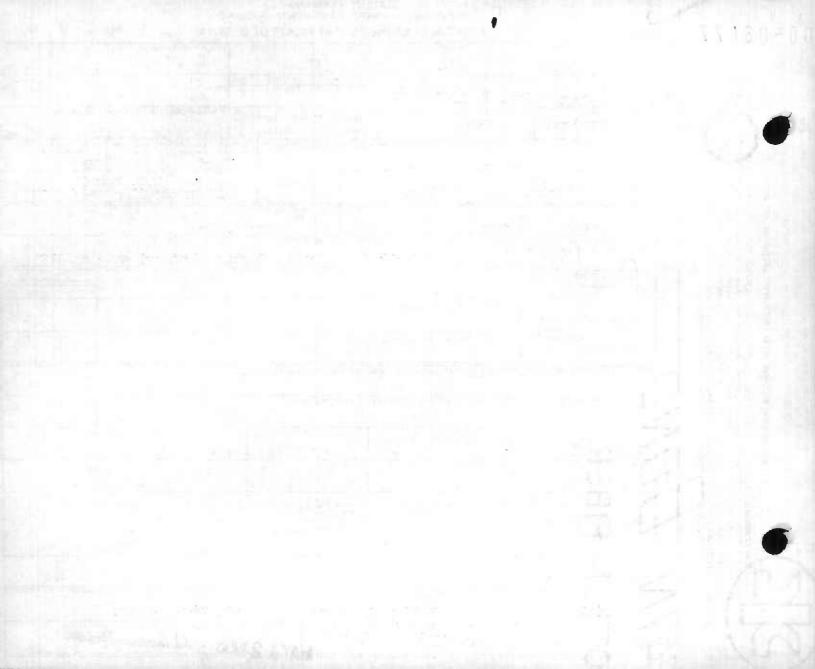
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 00-06477 REGISTRAR 1. DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-ALICE L. DEATH MATED 19 86 BROWN 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR 2d. HOUR 3 SEX IF UNDER 24 HRS DATE 4-AS-A BIRTHDAYI PRONOUNCED 5:38 1; 1951 Jan. DEAD Female Black 19 86 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN COUNTR Maryland MARRIED IN NEVER MARRIED USA WIDOWED DIVORCED Montgomery County ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Clerk Olney Montgomery General Hosp HEW JSUAL ... USUAL RESIDENCE (IF IN NURSING HOME OR OTHER 13e. STREET ADDRESS P.O. Box 83 Monta. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 5005 Brookeville, Rd/20832 Olnev NO [] AFT.

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NO PAGE. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Raymond E. Carter Mary E. Gant 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS PAGES 1 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-54-8733 Mary E. Carter. (Mother) same as #13 No CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. Multiple injuries IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OF HEALTH A CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD."PRACE A SHOULD BE FORWARDED TO THE CHIEF IN FOUR AS SHOULD BE USED A SHOULD BE USED AS A SHOULD BE USED A SHOULD BE USED AS A SHOULD BE USED AS A SHOULD BE USED AS A SHOULD BE USED A SHOULD BE USED AS A SHOULD BE USED A SHOULD BE USED AS A SHOULD BE USED YESXX NO F 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING NOR Driver of auto/auto collision. 4:20 M. 5-7-CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Rt. 108 & Queen Elizabeth Dr., Montgomery, MD road Autopsy X 22a. I certify that Hoak charge of the remains described above, held on and in my apinian Accident death resulted f Hamicide L Undetermined manner Natural couses Suicide TITLE (SPECIP) Assistant MEDICAL EXAMINER 5-8-86 Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 5-13-86 Mt. Zion, Montg. MD Mt Zion Cemetery BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 246 N. Washington St. Rockville, MD 20850 Julia Davidron Janda 88 **DHMH - 17** George R. Snowden (VR A15 ME (5)) 20M 4/B2



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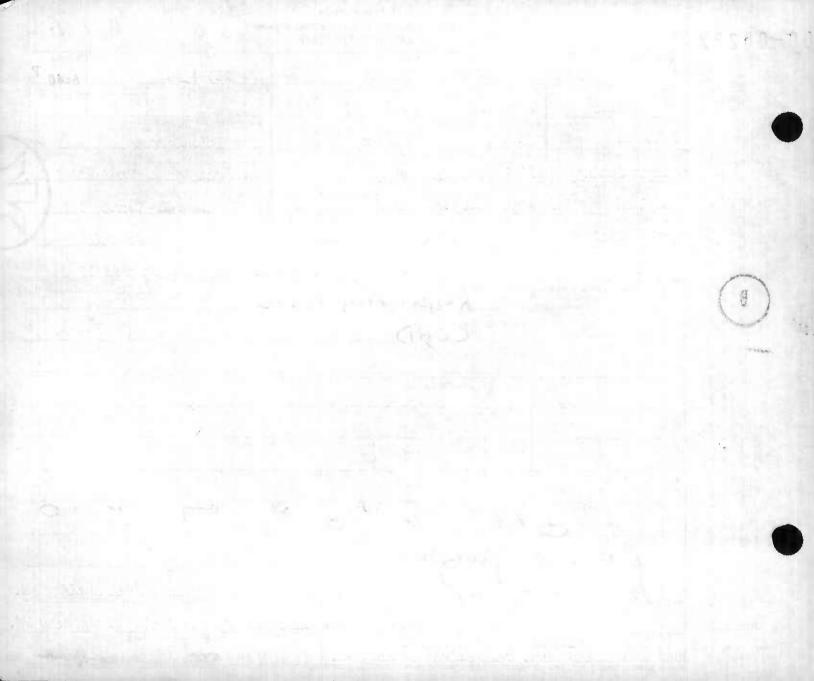
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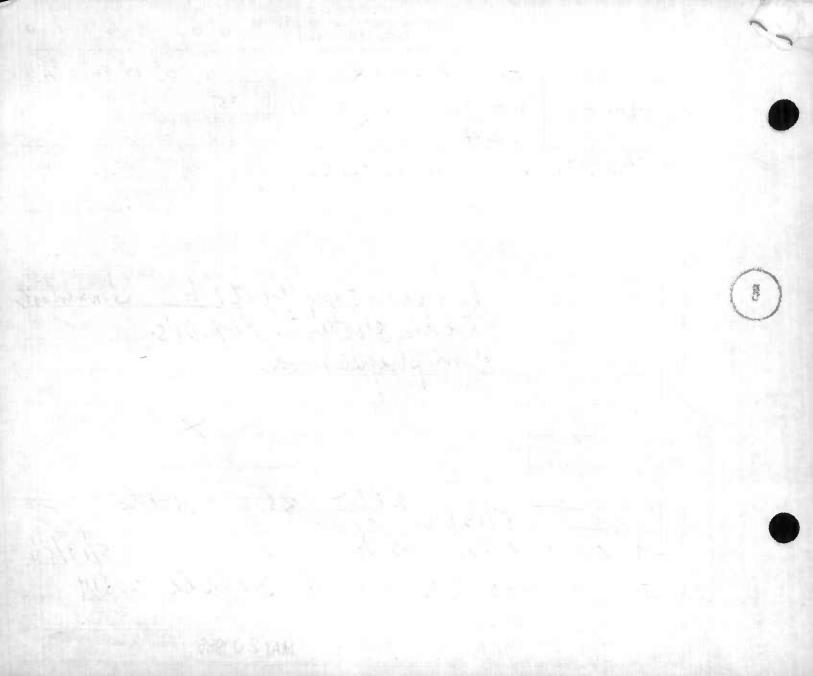
AKE DRY HEUDEREN HOME DRAWER, VA. * 7 C 3 CO. S. C. S.

500 University Blvd. West Silver Spring. Md.

(VRA 15, 4)

STATE OF MARYLAND





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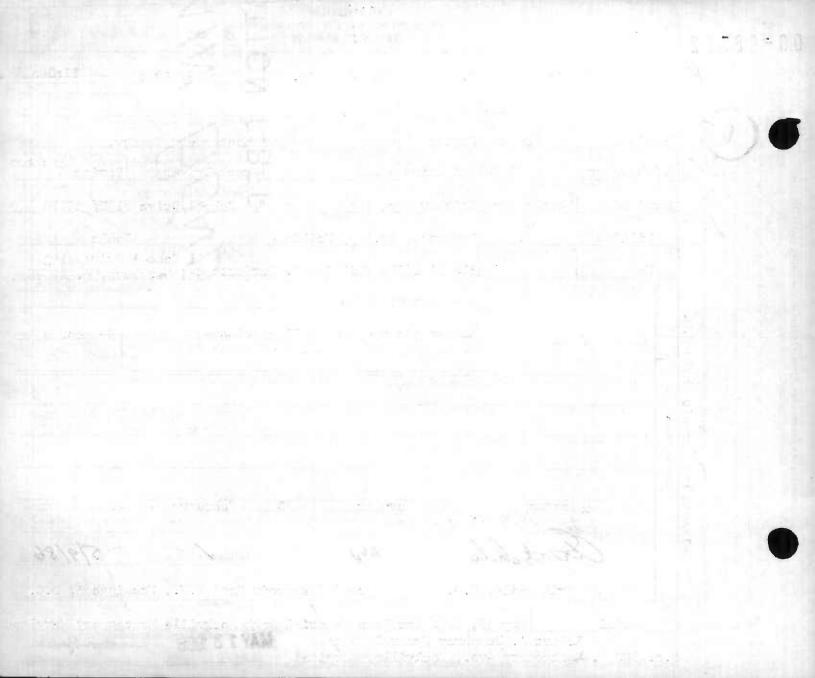
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(VRA 15, 4)

STATE OF MARYLAND



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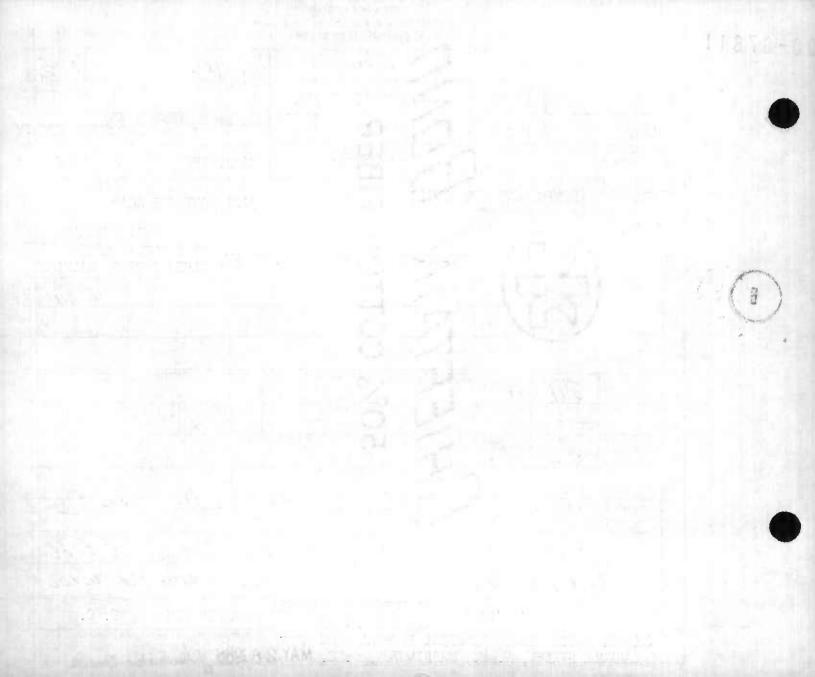
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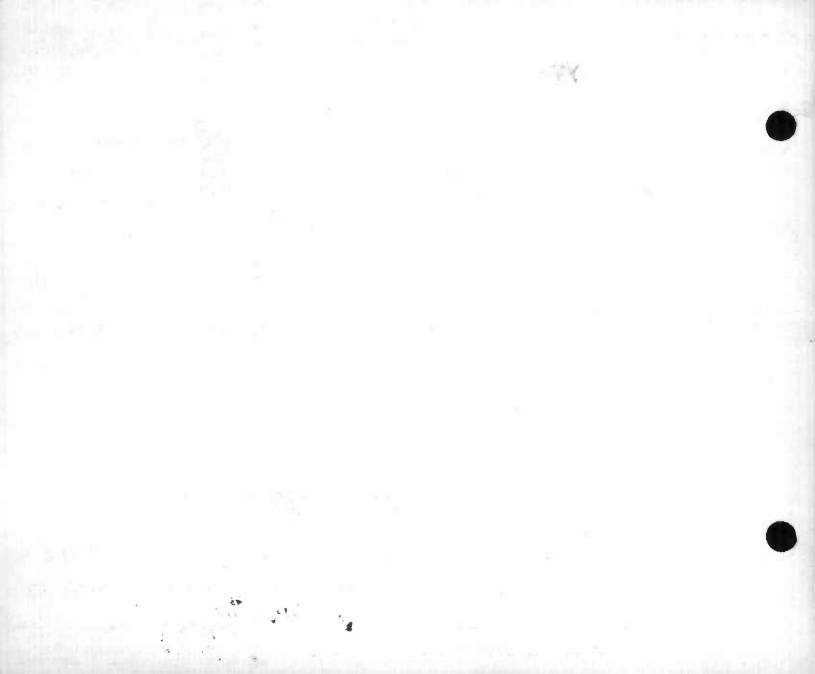
STATE OF MARYLAND 00-07626 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MIDDLE MONTH 26 HOUR (TYPE OR PRINT) MAE 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH 1898 88 Female White March 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY 7g BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. WIDOWEDK DIVORCED [Montgomery 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Sales Person Grove Dept. Store USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 131. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 18 Brighton Terrace Montgomery Gaithersburg YES K Md. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE York Charles Wiebel Carrie 18 Brighton Terrace, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 066-16-8578 Gaithersburg, Md. 20877 No Robert C. Burke APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIDRESPIRATORY Mina TO, ORAS A CONSEQUENCE OF STRUCTURE PULLYONARY DISEASE CHRONIC Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 underlying cause last. Q. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES DIVISION OF VITAL 210, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from, 86 saw the deceased alive an. and that in (my) (and opinion death accurred on the date and hour and from the causes stated above. (1) (western (did nat) view the body after death. THE SUCHATURE DEGREE ATTENDING . MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 220. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT should be 0 23c. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 5/23/186 St. John's Cemetery New York City Burial BP 316 E. Diamond Ave 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Fisher Davidson-Randalle Gartner Sandison F. H. Gaithersburg . Md. 200 A (VRA 15, 4)

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500 University Blud. West Silver Spring. Md.

(VRA 15, 4)

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Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave. NW. Washington. D.C. 20016

STATE OF MARYLAND

Quantico, VA

250 DATE REC 1 14 YES TRAR 20 2 STRAR'S SIGNATURE

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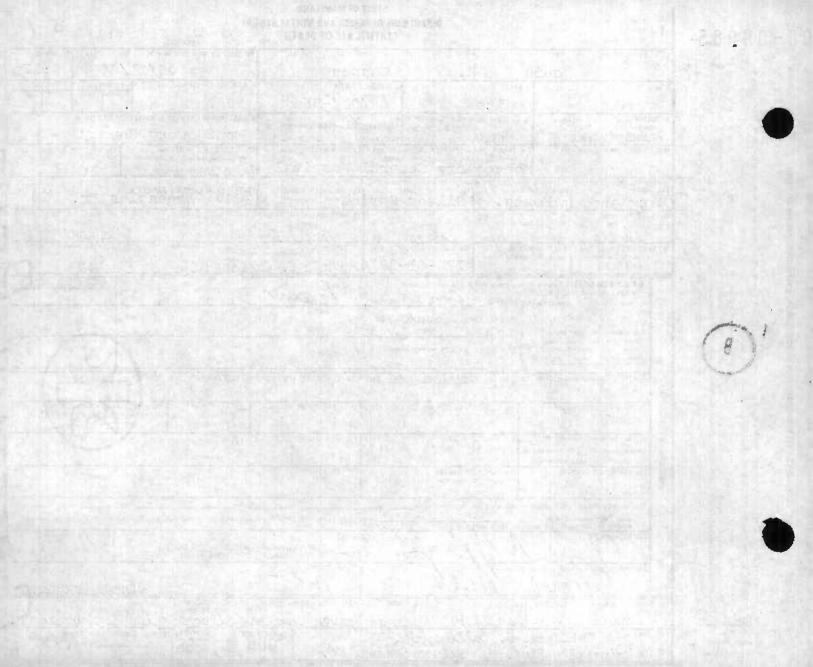
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1 1/8		Silver Spring	III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCLEACITY, CITY ESTREET ADDRESS) ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NITY SILVET Spring YES A NO			120. USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) Supervisor Maintenance				
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ING PHYSICIAN: The low requires that the intent controlled within a contending physician. The this certifician has been signed by the artificial condition of the burioit-transit permit. Then please remained the manual Hygiere prior to buriot, cremation, the mod Mentol Hygiere prior to buriot, cremation, the medical examines orked an Item 18 shaws any injury, or other traumatic event, the medical examines	Z		DUE TO, OR AS A CONSEO (b) + 1 CONSEO DUE TO, OR AS A CONSEO (c) CONSEO CONDITIONS CONTRIBUTING TO	UENCE OF STIVE	HEART NOT RELATED TO THE TERM CCI DENT	FAILURE INAL DISEASE OR CONDITION GI	VEN IN PART I (a)			
The low recrition in the has been sixty permit. The sylows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE			IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO			
S PHYSICIAN; The stending physician trending physician trends certificate the buriol-transfer and Mental Hygier ced or frem 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA OF TEAN OF THE CONTRIBUTION	HOUR A.M. MONTH	19	211 LOCATION STREET	RED (ENIER NATURE OF MUURY IN ITEM 18	PART I OR PART ?} (OUNTY STATE			
O HOSPITAL ON FENDING PREFINED BY the haspital or offer TO FUNERAL DIRECTOR. After the with the State Dept of Health and MPORTANI: If them 21 is marked		220 I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	In view the body offer deofn.	86 on	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS SALTE	206 14201	5. 20.96. LAUREL PK DR			
Bb————————————————————————————————————	230	BURIAL, CREMATION, REMOVAL ISPECIF BURIAL	1AHMOOD 23b DATE May 24, 1986	NAME OF C	LAUREL EMETERY OF CREMATORY on Cemetery	23d LOCATION CITY OR TOWN	ntgomery Md.			
DHMH - 16 50M 4/83	24 F Hi	uneral director nes/kinaldi Fun	eral Home Silve	N.H.		E REC'D. BY REGISTRAR 256 REGIS				

